

JUL 28 2011 7:44PM

HP LASE

L11000086949

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000191887 3)))



H110001918873ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC  
Account Number : I2C070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
CARIBBEAN INSURANCE AGENCY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T. CLINE

JUL 29 2011

EXAMINER

RECEIVED

11 JUL 28 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H11000191887 3

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

CARIBBEAN INSURANCE AGENCY, LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

5194 SW 110TH PLACE  
OCALA, FLORIDA 34476

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

SUPERBIZ REGISTERED AGENT, INC.  
2761 VISTA PARKWAY, STE E4  
WEST PALM BEACH, FLORIDA 33411

2011 JUL 28 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

x Paul Smith V.P.  
SUPERBIZ REGISTERED AGENT, INC. / Registered Agent's signature

H11000191887 3

H11000191887 3

PAGE 2 CARIBBEAN INSURANCE AGENCY, LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER  
JOAQUIN TORRES  
5194 SW 110TH PLACE  
OCALA, FLORIDA 34476

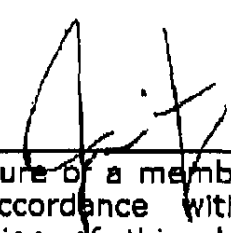
MANAGING MEMBER  
CARLOS GUZMAN  
5194 SW 110TH PLACE  
OCALA, FLORIDA 34476

MANAGING MEMBER  
LILMARIE FERRER  
5194 SW 110TH PLACE  
OCALA, FLORIDA 34476

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUL 28 PM 12:42

FILED

.....  
X   
Signature of a member or an authorized representative of a member  
(In accordance with section 608.408(3), Florida Statutes, the  
execution of this document constitutes an affirmation under the  
penalties of perjury that the facts stated herein are true.

JOAQUIN TORRES

H11000191887 3