# 1.11000134525

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	
	, '	

Office Use Only



000211096570

وجعام

11/28/11--01026--020 \*\*130.00

ZOU NOV 28 AM 9: 01
SEGRETARY OF STATE ALLAHASSEE, FI ONE

J. SAULSBERRY EXAMINER NOV 2 9 2011

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Affordable Insurance and Reinsurance Solutions, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Walter R. Cecchini Jr.	Name of Person	
	Firm/Company	
3800 North Ocean Drive, I	Unit 1050	
	Address	2
Singer Island, FL 33404		2011 NOV 28 SEGRETAR) ALLAHASSI
C	ity/State and Zip Code	<b>28</b> NR.) SS£
united.financial@comcast.net		mg.
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, plea	se call:	70186 10186 10 :6
Walter R. Cecchini Jr.	at ( 561 ) 848-1827	•
Name of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for the following amount:		
125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### **Mailing Address**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# Affordable Insurance and Reinsurance Solutions, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:	
3800 North Ocean Drive	3800 North Ocean Drive	
Unit 1050	Unit 1050	
Singer Island, FL 33404	Singer Island, FL 33404	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)  The name and the Florida street address of	wn Registered Agent. You must designate an inde	ividual or another
Walter R. Cecchir		NOV RETA
Walter R. Cecchir	ni Jr. Name	2011 NOV 28 SEGRETARY ALLAHASSE
		mic
3800 North Oc	Name	AM E/FL
3800 North Oc	ean Drive, Unit 1050	mic

Having been named as registered agent and 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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGRM	Walter R. Cecchini Jr.		
	3800 North Ocean Drive		
	Singer Island, FL 33404		
MGRM	Julian E. Lago		
	8104 Bautista Way		
	Palm Beach Gardens, FL 33418		
		<del></del>	
			seral-
		NOV 28	
		28 28 28	1
		<u> </u>	11
		TO A	r
		9.	ı
(Use attachment if necessary)			) <del>-</del>
LE V: Effective date, if other than the date of filing:		. (OPTIONA	1.)
effective date is listed, the date must be	e specific and cannot be more than five	ve business day	
90 days after the date of filing.)	•	•	•
-			
REQUIRED SIGNATURE:			

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Walter R. Cecchini Jr.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)