#L1200021809

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAI	L					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



900219797049

900219797049 02/13/12-01032-0010**725.00

> FILED 12 FEB 13 PH 3: 24 SEGRETARY OF STATE

KBALY EXAMINER FEB 1 4 2012

COVER LETTER

то:	Registration Division of C							
SUBJECT: First Florida Insurance Network of Tampa Bay, LLC								
Name of Limited Liability Company								
The en	closed Articles	of Organization and fee(s) are	submitted for fil	ing.				
Please	return all corre	spondence concerning this matt	er to the followi	.ng:				
	Susan J	unod, Par <u>alegal</u>						
			Name of Person					
	Law Offi	ces of Curtis & As	sociates,	PA				
	Firm/Company							
	701 Mar	ket St, Suite 109						
	Address							
;	St. Augus	tine, FL 32095						
	City/State and Zip Code							
	susanjunod@curtisfirm.com							
		E-mail address: (to be used f	for future annual re	eport notification)			
For fur	ther informatio	n concerning this matter, please	e call:					
Susan Junod			at (904) 819-6959					
	Name of Person		Area Co	Area Code & Daytime Telephone Number				
Enclos	sed is a check	for the following amount:	_					
▼ \$125.00) Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified C	iling Fee & Copy opy 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	Registi Divisio Cliftor 2661 E	Courier Address ration Section on of Corporation Building Executive Center assee, FL 3230	ons er Circle			

Articles of Organization of First Florida Insurance Network of Tampa Bay, LLC, a Florida limited liability company

The undersigned, acting as authorized representative of a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes (the "Act"), files the following articles of organization for such limited liability company in accordance with Section 608.407 of the Act.

Article I. Name

1.0 The name of the Limited Liability Company is First Florida Insurance Network of Tampa Bay, LLC.

Article II. Duration

2.0 The period of the company's duration is perpetual.

Article III. Purposes

- 3.01. The Limited Liability Company has the powers provided for a limited liability company under the Act.
- 3.02. The purpose for which this limited liability company is organized is to transact any and all lawful business for which limited liability companies may be organized under the Act.

Article IV. Principal Place of Business and Mailing Address

- 4.01 The address of the company's principal place of business in this state is: 13409 Gulf Boulevard, Madeira Beach, FL 33708.
- 4.02 The company's mailing address is: 13409 Gulf Boulevard, Madeira Beach, FL 33708.

Article V. Name and Address of Initial Registered Agent

- 5.01. The company's initial Registered Agent is: Law Offices of Curtis & Associates, P.A.
- 5.02. The address of the company's initial Registered Office is: 701 Market Street, Unit 109, St. Augustine, Florida 32095.

Article VI. Management

6.01 The company shall be managed by its Managers in the manner provided in the company's operating agreement. The initial Managers of the Company are:

Norman J. Sapp, 4425 U.S. 1 South, Suite 103, St. Augustine, FL 32086 Danny R. Tunnell, Jr., 13409 Gulf Boulevard, Madeira Beach, FL 33708 Scott E. Anderson, 13409 Gulf Boulevard, Madeira Beach, FL 33708 Sajjad H. Jawad, 13409 Gulf Boulevard, Madeira Beach, FL 33708

Article VII. Authorized Representative as Organizer

The name and address of the Company's authorized representative who is authorized to file these articles on behalf of the Company and respond to all inquiries related to these articles is C. William Curtis III, 701 Market Street, Unit 109, St. Augustine, Florida 32095.

IN WITNESS WHEREOF, I have hereunto set my hand on February ______, 2012.

C. William Curtis III, Authorized Representative

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Under the provisions of F.S. 608.439, First Florida Insurance Network of Tampa Bay, LLC, a Florida limited liability company organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

- 1. The name of the company is: First Florida Insurance Network of Tampa Bay, LLC.
- 2. The name and address of the registered agent and office is:

Law Offices of Curtis & Associates, P.A. 701 Market Street, Suite 109 St. Augustine, FL 32095

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 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.

LAW OFFICES OF CURTIS & ASSOCIATES, P.A.

C. William Curtis III, President

Dated: Feb. 9, 2012