

L12000075939  
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.

((H12000150749 3)))



H120001507493ABC3

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 : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

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

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

FLORIDA LIMITED LIABILITY CO.

Advanced Insurance Concepts, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

D. BRUCE

JUN 07 2012

EXAMINER

RECEIVED  
12 JUN -6 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I NAME

The name of the Limited Liability Company is:

**Advanced Insurance Concepts, LLC**

## ARTICLE II PRINCIPAL OFFICE ADDRESS

The principal place of business/mailing address is:

Principal Address 1003 Blue Heron Court  
Tarpon Springs FL 34689

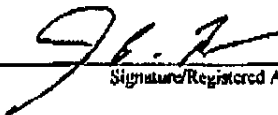
Mailing Address: 1003 Blue Heron Court  
Tarpon Springs FL 34689

## ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida Street address of the initial registered agent is:

Jared Brown  
1003 Blue Heron Court  
Tarpon Springs FL 34689

Having been named as registered agent and to accept service of process for the above stated corporation 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, FS.

  
\_\_\_\_\_  
Signature/Registered Agent

6/6/12  
\_\_\_\_\_  
Date

## ARTICLE IV Managing Member(s)

The name and address of the Managing Member(s) is as follows:

Jared Brown  
1003 Blue Heron Court  
Tarpon Springs FL 34689


## ARTICLE V EFFECTIVE DATE

The effective date of this filing:

Immediately upon receipt of this filing

FILED  
12 JUN -6 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature of managing 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.

  
\_\_\_\_\_  
Signature/Managing Member  
**JARED BROWN**  
\_\_\_\_\_  
Printed name of Signee

6/6/12  
\_\_\_\_\_  
Date