

From:

Division of Corporations

08/01/2012

08/01/2012

7/25/2012

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : STANTON AND GASDICK, P.A.  
Account Number : 075350000152  
Phone : (407) 423-5203  
Fax Number : (407) 425-4105

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

Email Address: JohnN@OrlandoFCU.org

FLORIDA LIMITED LIABILITY CO.

Orlando Insurance, LLC

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From:

08/01/2012 16:08

#244 P.002/003

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**ARTICLES OF ORGANIZATION  
OF  
ORLANDO INSURANCE, LLC**

FILED  
2012 AUG -1 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I**

**Name:**

The name of the limited liability company (hereinafter referred to as the "Company") is Orlando Insurance, LLC.

**ARTICLE II**

**Address:**

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

1117 S. Westmoreland Drive  
Orlando, FL 32805-3819

**ARTICLE III**

**Registered Agent:**

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

John Neusaenger  
1117 S. Westmoreland Drive  
Orlando, FL 32805-3819

**ARTICLE IV**

**Management:**

The Company is to be manager managed.

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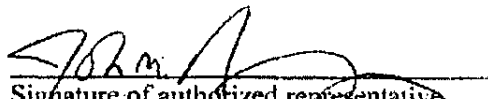
**ARTICLE V**

**Limitation on Agency Authority of Members:**

Pursuant to section §608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

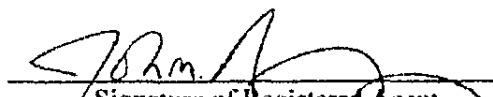
(In accordance with Section §608.408(3), Florida Statutes, the execution of this affidavit constitutes and affirmation under the penalties of perjury that the facts stated herein are true.)

**IN WITNESS WHEREOF**, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this first day of August, 2012.

  
Signature of authorized representative  
**John Neusaenger**

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter §608, Florida Statutes.

  
Signature of Registered Agent  
**John Neusaenger**

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