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B. BOSTICK
FEB 1 8 2013
EXAMINER

### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

McLaughlin Insurance, L	LC	RRIDA
Name D	2/15/13 ate Time	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval Courier

# ARTICLES OF ORGANIZATION FOR

### McLaughlin Insurance, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is McLaughlin Insurance, LLC

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#### ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 100 Fernbrook Road, Oldsmar, FL 34677

## ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is James R. Jones, JR. 8352 Forest Oaks Blvd. Spring Hill, FL 34606

#### **ARTICLE IV: MANAGERS & MANAGING MEMBERS**

The name and address of the initial Managers and Managing Members of the company are:

Tara S. McLaughlin, Manager, 100 Fernbrook Road, Oldsmar, FL 34677 33062 Brian C. McLaughlin, Managing Member, 100 Fernbrook Road, Oldsmar, FL 34677 33062

The undersigned has executed these Articles of Organization this 15th day of Feburary 2013. "Your Capital Connection, Inc. by, Seth Neeley, Client Representative"

Authorized Representative

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## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent and registered office, in the state of Florida.

- 1. The name of the company is: McLaughlin Insurance, LLC
- 2. The name and address of the registered agent and office is:

James R. Jones, Jr.

8352 Forest Oaks Blvd.

Spring Hill, FL 34606



HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

James R\Jdnes\Jr.