

L130000089616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

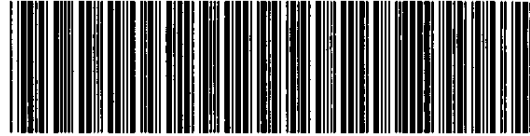
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

JUN 21 2012

B. KOHR



500248488505

500248488505  
06/20/13--01006--013 \*\*125.00

FILED  
13 JUN 20 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporation**

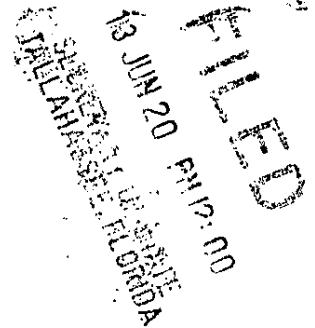
**SUBJECT: 1st Place Insurance, LLC**

The enclosed Articles of Organization and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Tara Wheat, Esq.  
1000 S. Lakeshore Blvd.  
Lake Wales, Florida 33853  
tarawheat@ymail.com

For further information concerning this matter, please call:  
Tara Wheat at 863-287-6615

Enclosed is a check for \$125.00 for Filing of the Articles of Organization.



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

**FILED**  
13 JUN 20 PM 12:00  
TALLAHASSEE, FLORIDA

**ARTICLE I – NAME:**

The name of the Limited Liability Company is **1st Place Insurance, LLC.**

**ARTICLE II – ADDRESS:**

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

**Principal Office Address:**  
243 East Center Avenue  
Sebring, Florida 33870


**Mailing Address:**  
243 East Center Avenue  
Sebring, Florida 33870

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, AND REGISTERED AGENT'S SIGNATURE:**

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

**Diana Casey**  
**233 East Center Avenue**  
**Sebring, Florida 33870**

*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

**ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S)**

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

**Title:**


MGR

**Name and Address:**

Heartland Benefits, Inc.  
Diana Casey, President  
233 East Center Avenue  
Sebring, Florida 33870

**ARTICLE V – EFFECTIVE DATE**

Effective date will be the date of this filing.

  
\_\_\_\_\_  
Heartland Benefits, Inc., Member  
Diana Casey, President

(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.)