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(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MACK FISURANCE GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	し	AY	E	MACI	Κ			_
			-	Name of P	erson			_
	MF	ICK.	Insur	PNCE Firm/Com	GROUP	LLC		_
				Firm/Com	pany			
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		E-mail ac	ddress: (to be us	ed for future an	nual report notificatio	n)		7
For fur	her information	concerning t	this matter, ple	ase call:			ران المنظم المنظم المنظم	
	TAY MA	rK.		at (5		9-9911		ري چې
	/ Name	of Person		А	rea Code & Daytime	Felephone Number		
Enclos	ed is a check fo	or the follo	wing amount	:		N /		
□\$125.	00 Filing Fee		O Filing Fee & cate of Status	Certi	00 Filing Fee & fied Copy onal copy is enclosed;	\$160.00 Filing Certificate of Certified Copy (additional copy	f Status & py	

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

MACK Insurance Group LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1511 SW 20th ST. TSUCA RATION, FL 33486	1511 SW QUT ST BUCK RATON, FL 33486

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

1511 SN 20th STREAT

Florida street address (P.O. Box NOT acceptable)

BOCA RATON FL 33486

City, State, and Zip

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member	JAY E MACK 1511 SW 20th ST POCO ROTOR FL 3348Y
MGRM	TRENE MACK 1511 SW 20th ST BOXA RATION, FL 33486
(Use attachment if necessary) RTICLE V: Effective date, if other the san effective date is listed, the date ior to or 90 days after the date of fili	must be specific and cannot be more than five business day
REQUIRED SIGNATURE:	Dan Mach
constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document number the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)