

L14000019948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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01/13/14--01031--017 **160.00

Effective Date

1/10/14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 13 AM 10:44

2/5



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pensacola Insurance Inspections & Valuations, 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:

Andi N DeVito

Name of Person

Pensacola Insurance Inspections & Valuations, LLC

Firm/Company

1719 N 9th Ave

Address

Pensacola, FL 32503

City/State and Zip Code

andi@pensacolainsuranceinspections.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andi DeVito

at

850

Area Code

417-7934

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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DIVISION OF CORPORATIONS
14 JAN 13 AM 10:44



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 21, 2014

ANDI N DEVITO
1719 N 9TH AVE
PENSACOLA, FL 32503

SUBJECT: PENSACOLA INSURANCE INSPECTIONS & VALUATIONS, LLC
Ref. Number: W14000003727

We have received your document for PENSACOLA INSURANCE INSPECTIONS & VALUATIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 13, 2014. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6951.

JENNA D HARRIS
Regulatory Specialist II

Letter Number: 314A00001294

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DIVISION OF CORPORATIONS
14 JAN 13 AM 10:44

Effective Date 1/10/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pensacola Insurance Inspections & Valuations, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1719 N 9th Ave

Pensacola, FL 32503

1719 N 9th Ave.

Pensacola, FL 32503

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:

Andi N DeVito

Name

3029 Wallace Lake Rd

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

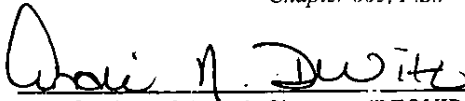
Pace

City

FL 32571

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS
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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Andi N DeVito

3029 Wallace Lake Rd

Pace, FL 32571

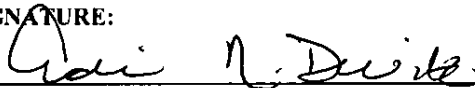
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-10-2014 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Andi N DeVito

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)