

7/31/2014

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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Account Number : 104662003400
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TALLAHASSEE, FLORIDA

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Email Address: barbara@cpamassie.com

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FLORIDA LIMITED LIABILITY CO.

Island Coast Insurance, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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

ARTICLE I

The name of the Limited Liability Company is: **Island Coast Insurance, LLC**

ARTICLE II

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

**6281 Metro Plantation Rd
Fort Myers, FL 33966**

ARTICLE III

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

Holly L. Messinger
Name

6281 Metro Plantation Rd
(P.O. Box or Mail Drop Box **NOT** acceptable)

Fort Myers, FL 33966
(City/State/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 -- Holly L. Messinger

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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
"MGMR" = Managing Member

Name and Address:

MGMR

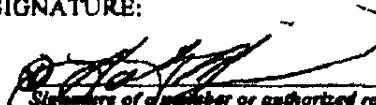
Holly L. Messinger
6131 Tidewater Island Circle
Fort Myers, FL 33908

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TALLAHASSEE, FLORIDA

ARTICLE V

Effective date: August 1, 2014 (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.)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Holly L. Messinger

Typed or printed name of signer

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