

9/5/2014

L14000139186Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
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Email Address: junepong@Rocketmail.com

RECEIVED

14 SEP -5 PM 1:50

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICESFLORIDA LIMITED LIABILITY CO.
Berkley Underwriting Partners, LLC

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

14 SEP -5 AM 7:29

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Berkley Underwriting Partners, 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:

8930 West State Road 84, Unit 108

8930 West State Road 84, Unit 108

Davie, FL 33324

Davie, FL 33324

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:

Andre O. Thompson

Name

8930 West State Road 84, Unit 108

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

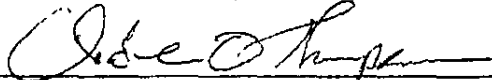
Davie

FL 33324

City

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)

Andre O. Thompson

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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

MGR

MGR

Name and Address:

Andre O. Thompson

8930 West State Road 84, Unit 108

Davie, FL 33324

Melissa Feldman Zimmerman

8930 West State Road 84, Unit 108

Davie, FL 33324

Andrew Feller

8930 West State Road 84, Unit 108

Davie, FL 33324

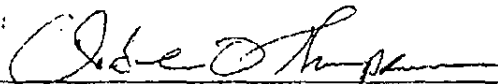
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Andre O. Thompson

Typed or printed name of signer

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