

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000214042 3)))



H140002140423ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : SHUFFIELD LOWMAN
 Account Number : I20030000118
 Phone : (407) 581-9800
 Fax Number : (407) 581-9801

RECEIVED

14 SEP 11 AM 8:50

DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

14 SEP 11 PM 4:45

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: REGISTEREDAGENT@SHUFFIELDLOWMAN.COM

FLORIDA LIMITED LIABILITY CO.
RISK TRANSFER INSURANCE AGENCY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

T. Burch **SEP 11 2014**

(((H14000214042 3)))

**ARTICLES OF ORGANIZATION
OF
RISK TRANSFER INSURANCE AGENCY, LLC
A Florida Limited Liability Company**

**ARTICLE I
NAME**

The name of this limited liability company is RISK TRANSFER INSURANCE AGENCY, LLC, referred to in these Articles of Organization as the "Company."

**ARTICLE II
MAILING AND STREET ADDRESS**

The street address of the principal office of the Company is as follows:

707 E Washington Street
Orlando, FL 32801

The mailing address of the principal office of the Company is as follows:

707 E Washington Street
Orlando, FL 32801

FILED
14 SEP 11 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE III
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 605.0207, Florida Statutes, the Company's existence shall be deemed to have commenced on the date and at the time the record is filed as evidenced by the Florida Department of State's endorsement of the date and time on the record.

**ARTICLE IV
REGISTERED AGENT**

The name and Florida street address of the initial Registered Agent are as follows:

William R. Lowman, Jr., Esq.
Shuffield, Lowman & Wilson, P.A.
1000 Legion Place, Suite 1700
Orlando, FL 32801

(((H14000214042 3)))


ARTICLE V MANAGEMENT

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

Title	Name and Address
Manager	Paul R. Hughes 707 E Washington Street Orlando, FL 32801

ARTICLE VI APPLICABLE LAW

The Company is created pursuant to Chapter 605, Florida Statutes, and shall be governed by the laws of the State of Florida.



William R. Lowman, Jr., Esq., as
Authorized Representative

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 11 PM 4:45

FILED

ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 of the Florida Statutes.



William R. Lowman, Jr., Esq.