

10/23/2014

Division of Corporations

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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (800)293-4075

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FLORIDA LIMITED LIABILITY CO. Keating Insurance Agency LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is: *Keating Insurance Agency LLC*

ARTICLE II

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

16120 San Carlos Blvd Ste 8
Fort Myers, FL 33908

ARTICLE III

Registered Agent, Registered Office & Registered Agents Signature

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

Julia A Keating
Name

13121 Cajunport Cove Dr
(P.O. Box or Mail Drop Box NOT acceptable)

Fort Myers, FL 33908
(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

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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

Julia A Keating
13121 Cajuput Cove Dr
Fort Myers, FL 33908

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TALLAHASSEE, FL 32304

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ARTICLE V

Effective date, if other than the date of filing: **January 1, 2015**

(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.)

Julia A Keating

Typed or printed name of signer

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