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NOV 17 2014
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STATE DEPT OF STATE
DIVISION OF CORPORATIONS
14 NOV 14 PM 12:54

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Normandy Insurance Services 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:

Wes Strickland
Name of Person

Colodny Fass, P.A.
Firm/Company

215 S. Monroe, Suite 701
Address

Tallahassee, FL 32301
City/State and Zip Code

heshylangner@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wes Strickland at (850) 577-0398
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

**ARTICLES OF ORGANIZATION
OF
NORMANDY INSURANCE SERVICES LLC**

Pursuant to the provisions of Chapter 605 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida, the following are the Articles of Organization for **Normandy Insurance Services LLC** (the "Company"):

1. **Name.** The name of the Company is **Normandy Insurance Services LLC.**

2. **Mailing Address and Principal Place of Business.** The Company's mailing address and principal office shall be located at 1 East Broward Blvd., Suite 610, Ft. Lauderdale, FL 33301.

3. **Initial Registered Agent.** The name and address of the initial registered agent in Florida for the Company is:

Vcorp Services, LLC
5011 South State Road 7, Suite 106
Davie, Florida 33314

4. **Member-Managed.** The name and address of the initial Member of the Company is:

Normandy Insurance Holding Company LLC
1 East Broward Blvd.
Suite 610
Ft. Lauderdale, FL 33301

5. **Effective Date.** Existence shall commence on the date these Articles are filed with the Florida Department of State.

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DIVISION OF CORPORATIONS
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IN WITNESS WHEREOF, pursuant to Section 605.0201, 605.0203 and 605.0205, Florida Statutes, the undersigned, authorized representative of a member of the Company, has executed these Articles of Organization this 14th day of November, 2014.

Normandy Insurance Holding Company LLC
Sole Member



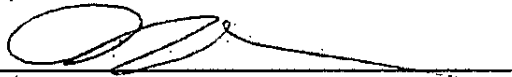
Name: Herschel Langner
Manager and Authorized Representative

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ACCEPTANCE BY REGISTERED AGENT

The undersigned, an individual resident in the State, having been named in Section 3 of Articles of Organization of **Normandy Insurance Services LLC** (the "Company") as the initial registered agent for the Company at the office designated in the Company's Articles of Organization, in accordance with Section 605.0113 of the Florida Statutes, hereby accepts such appointment and agrees to act in such capacity. The undersigned hereby states that it is familiar with and hereby accepts the obligations of such position.

Vcorp Services, LLC

By: 
Name: Isaac Muller, MGR of Vcorp
Services, LLC

EXECUTED as of the 14th day of November, 2014.

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