

Electronic Articles of Organization For Florida Limited Liability Company

L14000195082
FILED 8:00 AM
December 24, 2014
Sec. Of State
jshivers

Article I

The name of the Limited Liability Company is:

HARVEST INSURANCE & FINANCIAL GROUP, LLC

Article II

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

8695 COLLEGE PKWY STE 2041
FORT MYERS, FL. US 33919

The mailing address of the Limited Liability Company is:

1804 COLLIER AVE
FT. MYERS, FL. US 33901

Article III

Other provisions, if any:

I SELL CAR, HOUSE AND LIFE INSURANCE.

Article IV

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

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL. 32804

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.

Registered Agent Signature: DENISE BARTON

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGRM
DONNOVON OUTTEN
1804 COLLIER AVE
FT. MYERS, FL. 33901 US

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Article VI

The effective date for this Limited Liability Company shall be:

12/23/2014

Signature of member or an authorized representative

Electronic Signature: DONNOVON OUTTEN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.