

L14000197161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-66678 PO Box

Office Use Only



800265905568

800265905568
10/31/14--01018--002 **160.00

EFFECTIVE DATE
1-1-2013

FILED

2014 DEC 29 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 31 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2014

SILVIA A. TAMARIZ
P.O. BOX 961228
MIAMI, FL 33296-1228

SUBJECT: INSURANCE MATRIX SOLUTIONS, LLC
Ref. Number: W14000066678

We have received your document for INSURANCE MATRIX SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 314A00023478

December 23, 2014

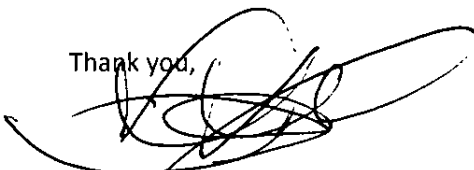
Florida Department of State
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: INSURANCE MATRIX SOLUTIONS, LLC
Ref. Number: W14000066678

Attached are the documents you requested. Please make certain that the effective date shows 01/01/2015.

Should you have any questions or require additional information, please feel free to contact me at (786) 663-7217.

Thank you,



Silvia A. Tamariz

RECEIVED
14 DEC 29 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Insurance Matrix Solutions, 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:

Silvia A. Tamariz

Name of Person

Insurance Matrix Solutions, LLC

Firm/Company

P.O. Box 961228

Address

Miami, FL 33296-1228

City/State and Zip Code

insmatrixsolutions@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Silvia A. Tamariz

Name of Person

at (786)

Area Code

663-7217

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
1-1-2015

Insurance Matrix Solutions, 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:

14790 SW 88 Street
961228
Miami, FL 33196

14790 SW 88 Street
961228
Miami, FL 33196

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:

Silvia A. Tamariz

Name

14790 SW 88 Street # 961228

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

Miami

FL

33196

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.

[Signature]
Registered Agent's Signature (REQUIRED)

12/23/14

2014 DEC 29 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Silvia A. Tamariz

14790 SW 88 Street # 961228
Miami, FL 33196

MGR

Silvia A. Tamariz

14790 SW 88 Street # 961228
Miami, FL 33196

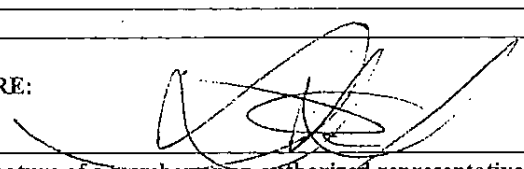
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2014 DEC 29 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2015 (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.)

SILVIA A. TAMARIZ

12/23/2014

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)