

L15000094128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

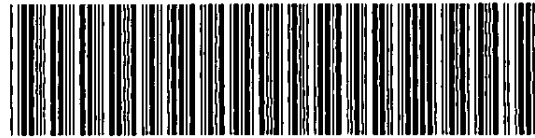
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
15 MAY 29 PM 3:53
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 29 AM 9:13

K 05/01/15



Wolters Kluwer
Corporate Legal Services

CT Corporation

515 East Park Avenue
Tallahassee, FL 32301

850 558 1930 tel
855 637 1628 fax
www.ctcorporation.com

May 29, 2015

Secretary of State, Florida
2661 Executive Circle Center
Tallahassee FL 32301

Re: Order #: 9568671 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Secretary of State, Florida :

Please obtain the following:

NSI INSURANCE GROUP, LLC (FL)
Formation
Florida

NSI INSURANCE GROUP, LLC (FL)
Cert Copy of Articles of Org
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

NSI INSURANCE GROUP, INC.
8181 NW 154th Street, #230
Miami Lakes, FL 33016

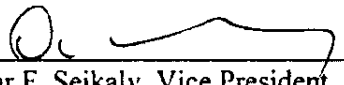
WRITTEN CONSENT GRANTING APPROVAL FOR USE OF NAME

NSI INSURANCE GROUP, INC., a Florida corporation (the "**Corporation**"). organized on March 26, 2001 does hereby grant permission and approves the filing of the Articles of Organization for the following limited liability company, which is an affiliate of the Corporation:

NSI INSURANCE GROUP, LLC

The undersigned, being the Vice President of the Corporation has executed this Written Consent Granting Approval for Use of Name on behalf of the Corporation this 27th day of May, 2015.

NSI INSURANCE GROUP, INC., a
Florida corporation

By: 
Oscar F. Seikaly, Vice President

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ARTICLES OF ORGANIZATION
OF
NSI INSURANCE GROUP, LLC

1. The name of the limited liability company is NSI INSURANCE GROUP, LLC.
2. The mailing address and the street address of the principal office of the limited liability company are:

8181 NW 154th Street, 230
Miami Lakes, Florida 33016.

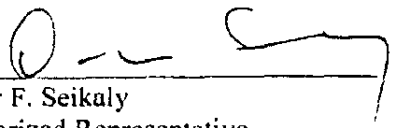
3. The name and street address of the initial registered agent of the limited liability company are:

Oscar F. Seikaly
8181 NW 154th Street, 230
Miami Lakes, Florida 33016.

4. The limited liability company shall be managed by a manager. The name and address of the manager of the limited liability company are:

Oscar F. Seikaly
8181 NW 154th Street, 230
Miami Lakes, Florida 33016.

Dated: May 28, 2015

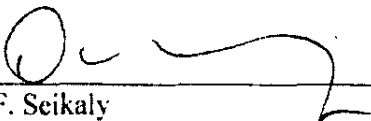

Oscar F. Seikaly
Authorized Representative

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**ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT**

The undersigned, which has been designated in the foregoing Articles of Incorporation as registered agent for the corporation therein named, hereby agrees that (i) he accepts such appointment as registered agent and will accept service of process for and on behalf of said corporation, and (ii) he is familiar with and will comply with any and all laws relating to the complete and proper performance of the duties and obligations of a registered agent of a Florida corporation.

Dated: as of May 28, 2015.



Oscar F. Seikaly

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