

L15000122271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

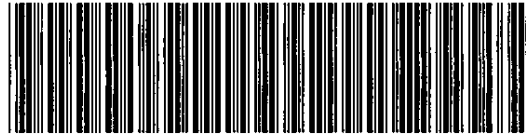
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

L11-623-



400274611084

07/02/15--01008--008 **155.00

FILED

15 JUL 17 PM 2:33

CLERK OF STATE
TALLAHASSEE, FLORIDA

7/22/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA REGIONAL INSURANCE BROKERAGE, 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:

CARY NICHOLS

Name of Person

Firm/Company

193 RHODODENDRON DRIVE

Address

WESTBURY, NY 11590

City/State and Zip Code

CARYNICHOLS1@GMAIL.COM

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

For further information concerning this matter, please call:

CARY NICHOLS

516

300=2479

at ()

Name of Person

Area Code

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED

15 JUL 17 AM 9:22

FILED

15 JUL 17 PM 2:33

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2015

CARY NICHOLS
193 RHODODENDRON DRIVE
WESTBURY, NY 11590

SUBJECT: FLORIDA REGIONAL INSURANCE BROKERAGE, LLC
Ref. Number: W15000046116

We have received your document for FLORIDA REGIONAL INSURANCE BROKERAGE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 415A00014289

FILED
15 JUL 17 PM 2:33
DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA REGIONAL INSURANCE BROKERAGE, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED

15 JUL 17 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

CARY NICHOLS

1792 BELL TOWER LANE

WESTON, FL 33326

Mailing Address:

193 RHODODENDRON DRIVE

WESTBURY, NY 11590

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:

CARY NICHOLS

Name

1792 BELL TOWER LANE

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

WESTON

FL


33326

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 (REQUIRED)

(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

MGR

Name and Address:

CARY NICHOLS

193 RHODODENDRON DRIVE

WESTBURY, NY 11590

(Use attachment if necessary)

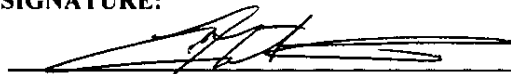
ARTICLE V: Effective date, if other than the date of filing: 06/30/2015. (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

CARY NICHOLS

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)

FILED
15 JUL 17 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA