

L15000168564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

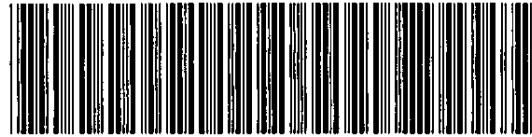
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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~~2015-07-17~~

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08/24/15--01020--003 \*\*125.00

FILED  
2015 SEP 17 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~107-16886~~

~~209-1-11-9544 7976-671~~

OCT -5 2015

T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hope Insurance Group 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:

Stellian Ott

Name of Person

Firm/Company

147 Bermuda Drive

Address

Jupiter, FL 33458

City/State and Zip Code

stellie.ott@gmail.com

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

For further information concerning this matter, please call:

Stellie Ott

561

222-9091

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

Stellie Ott  
147 Bermuda Drive  
Jupiter, FL 33458

October 2, 2015

Theresa Brown  
Division of Corporations  
Fax: (850) 245-6804

Dear Theresa Brown:

Attached are the revised Articles of Organization for Florida Limited Liability Company (Hope Insurance Group LLC). This LLC would replace the SM Management Group LLC that was filed on 9/17/15 under Document Number (W15000057776) using the same \$125.00 filing fee that was used for SM Management Group LLC.

Thank you for all of your assistance in helping me to resolve this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'S Ott', with a long horizontal stroke extending to the right.

Stellian Ott



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 31, 2015

STELLIAN OTT  
147 BERMUDA DRIVE  
JUPITER, FL 33458

SUBJECT: SM MANAGEMENT LLC  
Ref. Number: W15000057776

We have received your document for SM MANAGEMENT LLC and your check(s) totaling \$125.00. 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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L07000016886.

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) 245-6052.

Teresa Brown  
Regulatory Specialist II

Letter Number: 115A00018358

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Hope Insurance Group, 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:147 Bermuda DriveJupiter, FL 33458Mailing Address:147 Bermuda DriveJupiter, FL 33458

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Stellian Ott

Name

147 Bermuda DriveFlorida street address (P.O. Box **NOT** acceptable)JupiterFL33458

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)

2015 SEP 17 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310-0001

**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:**

Stellian Ott

147 Bermuda Drive

Jupiter, FL 33458

MGR

Maureen Zambouros

158 Turtle Creek Drive

Tequesta, FL 33469

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9/17/2015 (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.

Stellian Ott

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)