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A RAMSEY

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Surge 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:
Phillip Chambers Name of Person
Surge Insurance Group LLC Firm/Company
3314 Arden Villas Blvd Apt. 4
Orlando FL 32817
City/State and Zip Code Phillip. chamber 5027@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Phillip Chambers at (321) 652-0197 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 (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	Franklig of the Arthur of the Common of the
Surge Insurance Group LLC	16 FEB 12 PM 4: 14
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ADTICLE H. Addison	

ARTICLE II - Address:

. . ,

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

Principal Office Address:	<u>Mailing Address</u> :
3314 Arden Villas Block	3314 Arden Villas
Act. 4	Bluck Apt. H

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:

Philip Chambers

Name

3314 Arden Villas Blyd. Apt. 4

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

Oderelo H. 32817

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 fumiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Phillip Chambers
AMBR	3314 Arden Villas Blors Apt. 4 Orlando FL 32817
AMBR	Tyler Kosloske 1622 Villarreal De Avila Tampa FL 33613
	
EV: Effective date, if other than th	e date of filing: (OPTIONAL)
ective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 denot meet the applicable statutory filing requirements, this date will not b
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