L16000081053

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bı	isiness Entity Nam	ne)		
(Do	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



000284561500

04/21/16--01020--000 **125.00

BAVISISM OF CONFORMITIONS
16 SPR 21 PM 12: 22

COVER LETTER TO: Registration Section **Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: raig Eppy CRE Insurance LLG Firm/Company 500 E. Broward Blud, Suite 1800 Address Ft. Layd Croale, FL 33394 City/State and Zip Code C, Cpp 7 W Cpp y of Cuf, Con address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: 25.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must	CRE INSUF	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	reet address of the principal office of	the Limited Liability Company is:	
<u>Pri</u>	incipal Office Address:	Mailing Address:	
500 Suite Ft.Land	E. Broward Blud. 1800 ordale, FL 35394	SOUE. Broward Blyd. Suite 1800 Ft. Landertale, FL 33394	
	d Agent, Registered Office, & Regi		5
	npany cannot serve as its own Registe h an active Florida registration.)	ered Agent. You must designate an individual or	APR 2
another business entity with		•	2 %
another business entity with	treet address of the registered agent a	Epp/	of Cashabas 21 PMI2:
another business entity with	h an active Florida registration.) treet address of the registered agent a	Epp/	2 %
another business entity with	treet address of the registered agent a	re: Egpy ward Blvl.	of Cashabas 21 PMI2:
another business entity with	treet address of the registered agent a (ward Blyd. Box NOT acceptable)	of Cashabas 21 PMI2:

Н 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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = A	uthorized Member	Name and Address:	
"MGR" = Ma AMBR		Cray Eppy 500 E. Rignard Blyd Suitclace Ft. Landerdale, FL 33394	
	······		
ARTICLE V: Effective (If an effective date is I the date of filing.) Note: If the date insert	red in this block does not meet the a	d cannot be more than five business days prior to or 90 de applicable statutory filing requirements, this date will not be	•
ARTICLE VI; Other pr	e date on the Department of State's ovisions, if any.	s records.	
REOUIRED	SIGNATURE:		
	/ for	YEPPY	
	This document is executed in acc I am aware that any false informa	r an authorized epresentative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.	
	Craig Typed	or printed hame of signee	
	j	Filing Fees:	25

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

ARTICLE IV-

Page 2 of 2

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)