

L160000122509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

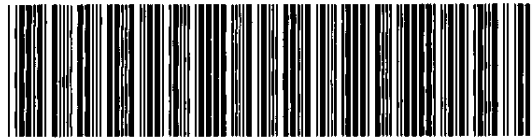
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 01 2016

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 199712 7146887

AUTHORIZATION :

COST LIMIT : \$125.00



ORDER DATE : June 30, 2016

ORDER TIME : 3:51 PM

ORDER NO. : 199712-005

CUSTOMER NO: 7146887

DOMESTIC FILING

NAME: LCL INSURANCE SERVICES, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

LCL Insurance Services, LLC., a Florida Limited Liability Company

ARTICLE II – Address:

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

Principal Office Address:

10100 W Sample Road
Third Floor
Coral Springs, Florida 33065

Mailing Address:

10100 W Sample Road
Third Floor
Coral Springs, Florida 33065

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:

BARRY M. SICKLES, ESQUIRE
10100 West Sample Road, Suite 408
Coral Springs, Florida 33065

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 certification. 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.

BARRY M. SICKLES, ESQUIRE

By: 

(CONTINUED)

1 of 2

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TALLAHASSEE, FLORIDA

ARTICLE IV – Manager(s) or Managing Members(s):

The name and address of each Manager or Managing Member is as follows:

Title:

“AMBR” = Authorized Member

“MGR” = Manager

Name and Address:

____MGR____

Aycan Lale
10100 W Sample Road
Third Floor
Coral Springs, Florida 33065

ARTICLE V: Effective date, if other than the date of filing: _____(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.)

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation: under the penalties of perjury that the facts stated herein are true.) 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.)

Aycan Lale

Typed or printed name of signee

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