

L16000165759

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

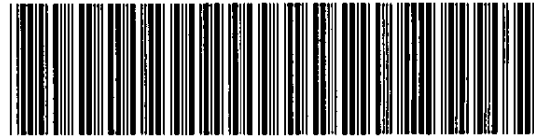
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/09/16--01002--002 **125.00

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DEPARTMENT OF STATE
16 SEP -8 PM 3:35

FILED
16 SEP -8 AM 8:00

9/9/16

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HUFF INSURANCE AGENCY, LLC

Signature _____

Requested by: SETH

09/07/16

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

_____ Art of Inc. File _____
_____ LTD Partnership File _____
_____ Foreign Corp. File _____
_____ L.C. File _____
_____ Fictitious Name File _____
_____ Trade/Service Mark _____
_____ Merger File _____
_____ Art. of Amend. File _____
_____ RA Resignation _____
_____ Dissolution / Withdrawal _____
_____ Annual Report / Reinstatement _____
_____ Cert. Copy _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____

16 SEP - 8 AM 8:00

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

16 SEP -8 AM 2:00

September 7, 2016

CAPITAL CONNECTION, INC.

SUBJECT: HUFF INSURANCE AGENCY OF SOUTHWEST FLORIDA, LLC
Ref. Number: W16000061132

We have received your document for HUFF INSURANCE AGENCY OF SOUTHWEST FLORIDA, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

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: 316A00018795

RECEIVED
DEPARTMENT OF STATE
16 SEP -8 AM 11:19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

16 SEP -8 AM 8:00

July 27, 2016

CAPITAL CONNECTION, INC.

SUBJECT: HUFF INSURANCE AGENCY, LLC
Ref. Number: W16000052267

RECEIVED
DEPARTMENT OF STATE
16 SEP -6 PM 4:44

We have received your document for HUFF INSURANCE AGENCY, 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 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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: 316A00015768

FILED

16 SEP -8 AM 8:00

ARTICLES OF ORGANIZATION
FOR
HUFF INSURANCE AGENCY OF SOUTHWEST FLORIDA, LLC

Pursuant to the provisions of the Florida Revised Limited Liability Company Act, FLA. STAT. § 605.0201, *et seq.* (the "Florida Revised LLC Act"), the undersigned hereby certifies that the persons named herein as Members have associated themselves for the purpose of a limited liability company under the laws of the State of Florida, and hereby adopt the following Articles of Organization as the Charter and authority for the conduct of business of such limited liability company:

ARTICLE I:
NAME

The name of the limited liability company shall be HUFF INSURANCE AGENCY OF SOUTHWEST FLORIDA, LLC (the "Company").

ARTICLE II:
PURPOSE

The Company is organized for the following purposes: (A) to provide insurance consulting; (B) to accomplish any lawful activity or business whatsoever, or which shall at any time and from time to time appear to the Company to be necessary, desirable, or appropriate for the protection of the Company and/or its assets; (C) to exercise all powers necessary to or reasonably connected with the Company's business, which may be legally exercised under the Florida Revised *LLC* Act; and (D) to engage in and perform all activities necessary, customary, convenient, or incident to any of the foregoing as the Members may deem prudent and advisable.

ARTICLE III:
EFFECTIVE DATE; TERM

The Company shall commence its existence upon the filing of these Articles of Organization with the Florida Department of State, and shall thereafter continue in existence perpetually, unless earlier dissolved or extended in accordance with the Operating Agreement of HUFF INSURANCE AGENCY OF SOUTHWEST FLORIDA, LLC, (the "Operating Agreement"), and/or the Florida Revised LLC Act.

ARTICLE IV:
INITIAL MEMBERS

The name(s) and address of the initial Member(s) is:

Tim Shaw Insurance - Acentria, LLC
4091 Colonial Blvd., Ste 100
Fort Myers, FL 33966

ARTICLE V:
DISSOLUTION

Upon the occurrence of any Dissolution Event (as defined in the Operating Agreement of the Company), the Company shall be deemed to have dissolved unless, within ninety (90) days after such date, the Members affirmatively agree in writing to continue the business of the Company.

Upon dissolution, the Company shall cease to carry on its business, except as otherwise permitted by Florida law, and the Company shall file a statement of commencement of winding up and publish notices, as required, in accordance with the Florida Revised LLC Act.

ARTICLE VI:
COMPANY ADDRESS; REGISTERED OFFICE ADDRESS;
REGISTERED AGENT

The mailing address of the Company shall be 4634 Gulfstarr Drive, Destin, FL 32541 and the principal office and street address of the Company shall be 13241 University Drive, #102 Fort Myers, FL 33907. Edward M. Freeman, Jr. shall be the initial registered agent to accept service of process in the State of Florida with a street address of 4634 Gulfstarr Drive, Destin, FL 32541.

ARTICLE VII:
CAPITAL CONTRIBUTIONS

The Members shall contribute cash and/or additional property from time-to-time in accordance with the provisions of the Operating Agreement.

ARTICLE VIII:
MANAGEMENT

Management of the Company will be determined by the Members as set forth in the Operating Agreement.

ARTICLE IX:
OPERATING AGREEMENT

The power to adopt, alter, amend or repeal the Operating Agreement governing this Company shall be vested in the Members.

ARTICLE X:
INDEMNIFICATION

Unless unauthorized by law, the Company shall indemnify and hold harmless any Member who was or is a party, or is threatened to be made a party, to any Proceeding by reason of the fact that such person is or was a Member of this Company, against expenses, judgments, fines, settlements, and other amounts actually and reasonably incurred in connection with such

Proceeding, if that person acted in good faith and in a manner that person reasonably believed to be in the best interests of this Company, and, in the case of a criminal proceeding, had no reasonable cause to believe his or her conduct was unlawful. The Company may, at its discretion, indemnify as set forth in this Article others who are agents or employees of the Company.

IN WITNESS WHEREOF, the undersigned hereby certifies that the foregoing constitutes the Articles of Organization for HUFF INSURANCE AGENCY OF SOUTHWEST FLORIDA, LLC, and these Articles of Organization were executed by the undersigned Manager(s) in Okaloosa County, Florida on this 6th day of September, 2016.

TIM SHAW INSURANCE - ACENTRIA, LLC


C. Kendall McEachern
Its Manager

STATE OF FLORIDA)
COUNTY OF OKALOOSA)

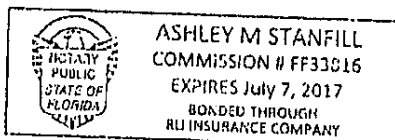
On this 6 day of September, 2016, before me personally appeared C. Kendall McEachern, who is a Manager of TIM SHAW INSURANCE - ACENTRIA, LLC, a Florida limited liability company to be formed, to me who [☒] personally known to be the person who executed the foregoing, or [] produced _____ as identification and acknowledged before me that he executed the same for the purposes expressed therein.

IN WITNESS WHEREOF, I have hereunto set my hand and seal in the County and State aforesaid.


[Seal]



NOTARY PUBLIC



TIM SHAW INSURANCE - ACENTRIA, LLC

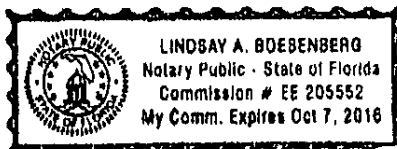

Timothy H. Shaw
Its Manager

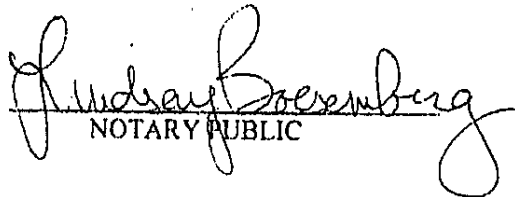
STATE OF FLORIDA
COUNTY OF Lee)

On this 2nd day of September, 2016, before me personally appeared Timothy H. Shaw, who is a Manager of TIM SHAW INSURANCE - ACENTRIA, LLC, a Florida limited liability company to be formed, to me who [☒] personally known to be the person who executed the foregoing, or [☐] produced _____ as identification and acknowledged before me that he executed the same for the purposes expressed therein.

IN WITNESS WHEREOF, I have hereunto set my hand and seal in the County and State aforesaid.

[Seal]




NOTARY PUBLIC

DESIGNATION OF REGISTERED AGENT

Pursuant to Section 605.0113, Florida Statutes, the following statement is submitted:

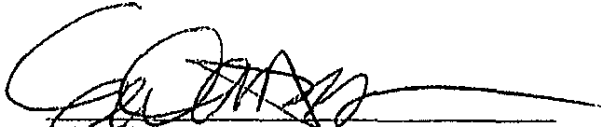
HUFF INSURANCE AGENCY OF SOUTHWEST FLORIDA, LLC, a limited liability company duly organized and existing under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization, has named:

Edward M. Freeman, Jr., 4634 Gulfstarr Drive, Destin, FL 32541.

as its registered agent to accept service of process in the State of Florida.

ACCEPTANCE BY THE REGISTERED AGENT

I, Edward M. Freeman, Jr. hereby accept appointment as Registered Agent for HUFF INSURANCE AGENCY OF SOUTHWEST FLORIDA, LLC, and do hereby understand and accept the obligations of the position. I further agree to comply with the provision of all statutes relating to the proper and complete performance of my duties, and I acknowledge my acceptance with my signature below on this 16 day of September, 2016.


Edward M. Freeman, Jr. Registered Agent

FILED
16 SEP -8 AM 8:01