

L16000195169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400290630434

400290630434
09/29/16--01029--021 **160.00

FILED
RECEIVED
2016 OCT 21 PM 2:15

W16-067849

R 10/25/16



10-13-16 A09:37 IN

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2016

AGUSTIN TORRES
540 S.E. 47TH TERR.
CAPE CORAL, FL 33904

SUBJECT: TORRES INSURANCE AGENCY LLC.
Ref. Number: W16000067849

RECEIVED
16 OCT 24 PM 3:16
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA 32314

We have received your document for TORRES INSURANCE AGENCY ~~LLC~~ *OF LEE COUNTY LLC* and your check(s) totaling \$160.00. 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 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 G45129.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 116A00021227

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TORRER INSURANCE AGENCY, 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:

AGUSTIN J. TORRES.
Name of Person

TORRES INSURANCE AGENCY, LLC.
Firm/Company

520 SE 47TH TERR.
Address

CAPE CORAL, FL. 33904
City/State and Zip Code

TORRESAGENCY@TMSM.COM.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AGUSTIN TORRES at (239) 628-5186
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: LLC

TORRES INSURANCE AGENCY OF LEE COUNTY, 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:

AGUSTIN TORRES

Mailing Address:

540 SE 47TH TERR
CAPE CORAL, FL 33904

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:

AGUSTIN TORRES
Name

540 SE 47TH TERR

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

CAPE CORAL, FL 33904

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2016 OCT 21 PM 2:15

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

AGUSTIN TORRES
540 SE 47TH TERR
CAPE CORAL, FL 33904

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/26/2016 (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.

A. TORRES

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)

2015 OCT 26 PM 2:15

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
REGISTRATION