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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

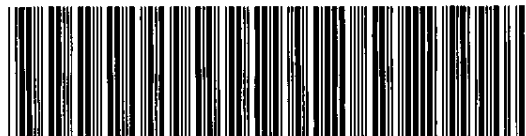
(Business Entity Name)

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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C. GOLDEN

JAN 25 2017

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## CAPITAL CONNECTION, INC.

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

1997 Chaffiot Family Insurance, LLC

Signature \_\_\_\_\_

Requested by: Seth

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 \_\_\_\_\_

2017 JAN 25 PM 2:15  
TALLAHASSEE, FL 32301  
SETH  
1997 CHAFFIOT FAMILY INSURANCE, LLC

**ARTICLES OF ORGANIZATION  
1997 CHAFFIOT FAMILY INSURANCE,  
A FLORIDA LIMITED LIABILITY COMPANY**

FILED

2017 JAN 25 PM 2:15

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I – NAME**

The name of the Limited Liability Company is:  
**1997 CHAFFIOT FAMILY INSURANCE, LLC**

**ARTICLE II – ADDRESS**

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

Principal Office Address:  
1802 S. Fiske Blvd, Suite 101  
Rockledge, FL 32955

Mailing Address:  
1802 S. Fiske Blvd, Suite 101  
Rockledge, FL 32955

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the initial Registered Agent are:

Todd W. Fennell, Esq.  
Gould Cooksey Fennell, P.A.  
979 Beachland Boulevard  
Vero Beach, FL 32963

Having been named as initial Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in this Article of these Articles of Organization, I hereby accept the designation 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 of the Florida Statutes.

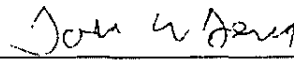
  
\_\_\_\_\_  
Todd W. Fennell, Registered Agent

**ARTICLE IV – MANAGEMENT**

The Limited Liability Company shall be a manager-managed Limited Liability Company.

The initial Managers of the Limited Liability Company shall be Robert R. Chaffiot, Jr., Mark K. Chaffiot, and Victor A. Chaffiot.

**IN WITNESS WHEREOF**, the undersigned, an authorized representative of a member of the Limited Liability Company, has affixed his/her signature this 26 day of January, 2017.

  
\_\_\_\_\_  
Todd W. Fennell  
Authorized Representative