

L17000044231

Page 1 of 1

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000055956 3)))



H170000559563ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : BARNETT, BOLT, KIRKWOOD, LONG & KOCHER, P.A.
Account Number : 072731001155
Phone : (813) 253-2020
Fax Number : (813) 251-6711

17 FEB 28 AM 9:29
SECRETARY OF STATE
FALLAHASSEE FILING

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: sosfilings@barnettbolt.com

**FLORIDA LIMITED LIABILITY CO.
HALIFAX INSURANCE PARTNERS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

17 FEB 28 AM 10:44
BUREAU OF COMMERCIAL
INFORMATION SERVICES

17 FEB 28 AM 10:44

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

44 3/1/17

H17000055956

**ARTICLES OF ORGANIZATION
OF
HALIFAX INSURANCE PARTNERS, LLC**

The undersigned hereby organizes a limited liability company under the provisions of the Florida Revised Limited Liability Company Act, and pursuant to the following Articles of Organization:

ARTICLE 1

Name

The name of this limited liability company is:

Halifax Insurance Partners, LLC

(hereafter, the "Company").

ARTICLE 2

Effective Date

The Company shall have perpetual existence, commencing on the date that these Articles of Organization are filed with the Florida Department of State.

ARTICLE 3

Mailing Address and Principal Office

The address of the principal office and the mailing address of the Company are 1400 Hand Avenue, Suite D, Ormond Beach, Florida 32174.

ARTICLE 4

Initial Registered Office and Agent

The street address of the initial registered office of the Company is 1400 Hand Avenue, Suite D, Ormond Beach, Florida 32174, and the name of the initial registered agent of the Company at that address is Cornelius T. Walker, Jr.

RECORDED
17 FEB 28 AM 9:25
FALLAHABEE FLORIDA

H17000055956

H17000055956

ARTICLE 5
Management of the Company

The Company is to be managed by one or more managers and is, therefore, a manager-managed limited liability company within the meaning of Section 605.0102(39) of the Act. The names and addresses of the initial managers are:

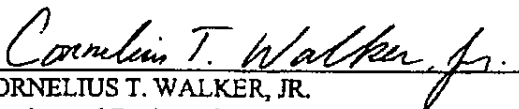
Cornelius T. Walker, Jr.
1400 Hand Avenue, Suite D
Ormond Beach, Florida 32174

Charles Lydecker
1400 Hand Avenue, Suite D
Ormond Beach, Florida 32174

ARTICLE 6
Indemnification

The Company shall indemnify its managers and members to the fullest extent authorized by law.

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization this 28th day of February, 2017, and the undersigned registered agent acknowledges that he is familiar with, and accepts, the obligations of his position as registered agent of the Company as provided for in Chapter 605 of the Florida Statutes.


CORNELIUS T. WALKER, JR.
Member and Registered Agent

17 FEB 28 AM 9:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H17000055956