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APR 20 2017

## CAPITAL CONNECTION, INC.

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

KO INSURANCE, LLC

Signature \_\_\_\_\_

Requested by: BA

4/20/17

Name \_\_\_\_\_

Date \_\_\_\_\_

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\_\_\_\_\_ 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 \_\_\_\_\_

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ARTICLES OF ORGANIZATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OF

**KO INSURANCE, LLC**

AGREEMENT made as of the 18th day of April, 2017, by **WILLIAM D. OLINGER, III, WILLIAM J. ROSSI, III, KIRK E. KLEIN, and BRIAN E. WATSON**  
(hereinafter the Members);

NOW THEREFORE, it is mutually agreed as follows:

**ARTICLE I**

**FORMATION OF LIMITED LIABILITY COMPANY**

The Members hereby create a limited liability company (the "LLC") under Chapter 605, Florida Statutes, the laws of the State of Florida (the "Act") for the purposes described in Article III below.

**ARTICLE II**

**NAME**

The name of the LLC shall be **KO INSURANCE, LLC**, or such other name selected by the Members as may be acceptable to the appropriate recording official of the State of Florida.

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**ARTICLE III**  
**PURPOSES AND POWERS**

The LLC is organized for any legal and lawful purposed for which a limited liability company may be organized pursuant to the Act. The LLC shall have all the powers granted to a limited liability company under the laws of the State of Florida.

Nothing herein contained shall be deemed or construed as authorizing or permitting, or purporting to authorize or permit the LLC to carry on any business, exercise any power, or do any act which a limited liability company may not, under the laws of the State of Florida, lawfully carry on, exercise, or do.

**ARTICLE IV**  
**PRINCIPAL PLACE OF BUSINESS**

The mailing address of the principal office of the LLC shall be 2700-A NW 43<sup>rd</sup> Street, Gainesville, Florida 32606, and the street address of the principal office of the LLC shall be 2700-A NW 43<sup>rd</sup> Street, Gainesville, Florida 32606, or at such other location as may be agreed in writing by the Members.

**ARTICLE V**

**DURATION**

This Agreement shall become effective on the date hereof, and the LLC shall have perpetual existence.

**ARTICLE VI**

**LIMITED LIABILITY COMPANY POWERS**

All the LLC powers shall be exercised by or under the authority of, and the business and affairs of this LLC shall be managed under the direction of the Manager of this LLC.

**ARTICLE VII**

**MANAGEMENT**

The LLC is to be managed by a Manager, and is, therefore, a manager-managed company. The name and address of such Manager who is to serve as Manager is:

NAME

ADDRESS

**JAMI C. WILSON**

**2700-A NW 43<sup>rd</sup> Street  
Gainesville, FL 32606**

**ARTICLE VIII**

**INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office of the LLC is 2700-A NW 43<sup>rd</sup> Street, City of Gainesville, County of Alachua, State of Florida 33606, and the name of its initial registered agent at such address is **JAMI C. WILSON**.

The undersigned, being the original Members of the LLC, hereby certify that the foregoing constitutes the proposed Articles of Organization of **KO INSURANCE, LLC**, a **Florida limited liability company**.

IN WITNESS WHEREOF, we have signed these Articles of Organization and acknowledge them to be our act this 18<sup>th</sup> day of April, 2017.

  
\_\_\_\_\_  
**WILLIAM D. OLINGER, III**

  
\_\_\_\_\_  
**WILLIAM J. ROSSI, III**

  
\_\_\_\_\_  
**KIRK E. KLEIN**

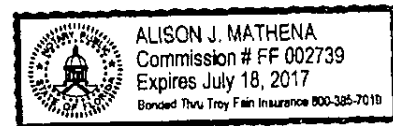
  
\_\_\_\_\_  
**BRIAN E. WATSON**

**Members**

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 18th day of April, 2017, by **WILLIAM D. OLINGER, III**, Member ☐ who has produced a driver's license issued within 5 years from date as identification; OR ☒ who is personally known to me; OR ☐ who produced Other: \_\_\_\_\_, as identification.

Alison Mathena  
Notary Public  
Printed Name:  
Commission No.:

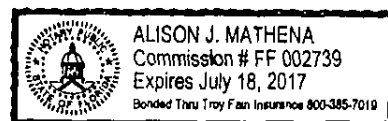


My Commission Expires:  
(Affix Notary Seal)

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 18th day of April, 2017, by **WILLIAM J. ROSSI, III**, Member ☐ who has produced a driver's license issued within 5 years from date as identification; OR ☒ who is personally known to me; OR ☐ who produced Other: \_\_\_\_\_, as identification.

Alison Mathena  
Notary Public  
Printed Name:  
Commission No.:



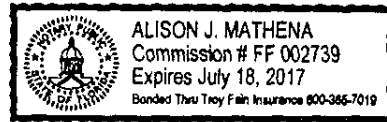
My Commission Expires:  
(Affix Notary Seal)

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 18th day of April, 2017, by **KIRK E. KLEIN**, Member ☐ who has produced a driver's license issued within 5 years from date as identification; OR ☒ who is personally known to me; OR ☐ who produced Other: \_\_\_\_\_, as identification.

Alison Mathena  
Notary Public  
Printed Name:  
Commission No.:

My Commission Expires:  
(Affix Notary Seal)

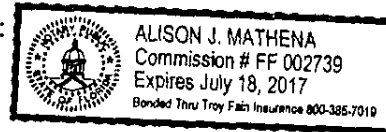


STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 18th day of April, 2017, by **BRIAN E. WATSON**, Member ☐ who has produced a driver's license issued within 5 years from date as identification; OR ☒ who is personally known to me; OR ☐ who produced Other: \_\_\_\_\_, as identification.

Alison Mathena  
Notary Public  
Printed Name:  
Commission No.:

My Commission Expires:  
(Affix Notary Seal)






**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Chapter 605, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida:

- (1) The name of the limited liability company is **KO INSURANCE, LLC.**
- (2) The name and address of the registered agent and office is **JAMI C. WILSON,**  
2700-A NW 43<sup>rd</sup> Street, Gainesville, Florida 32606.

Having been named as registered agent and to accept service of process for the above-named 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.

Dated: April 18, 2017.

  
**JAMI C. WILSON**  
Registered Agent

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