

L17000132513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

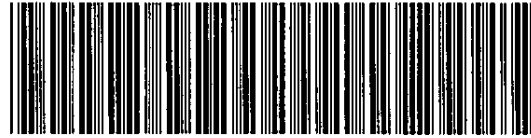
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/14/17--01018--008 **180.00

W1750090

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

17 JUN 20 PM 4:17

FILED

T. BURCH
JUN 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INSURANCE SOLUTIONS OF POLK COUNTY LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Cheyenne Moseley

(Contact Person)

LegalZoom.com, Inc.

(Firm/Company)

101 N. Brand Blvd., 11th Fl

(Address)

Glendale, CA 91203

(City, State and Zip Code)

david@isolutionspc.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Cheyenne Moseley

(Name of Contact Person)

at (800)

(Area Code)

773-0888 ext. 9724

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☒ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2017

CHEYENNE MOSELEY
101 N BRAND BLVD 11TH FL
GLENDALE, CA 91203

SUBJECT: INSURANCE SOLUTIONS OF POLK COUNTY LLC
Ref. Number: W17000050090

We have received your document for INSURANCE SOLUTIONS OF POLK COUNTY LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return 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.

Tim Burch
Regulatory Specialist III

Letter Number: 317A00012120

863-937-9176



June 20, 2017

State of Florida
Division of Corporations
Attention: Tim Burch

RE: Dissolution Corporation - Document P12000004965

Mr. Burch,

Thank you for your help this afternoon. As requested, please accept this letter as confirmation that we are dissolving Insurance Solutions of Polk County Company, Document #P1200004965. The official request has been processed electronically through www.sunbiz.org. The confirmation number is 800300564468.

At this time, we are releasing the name Insurance Solutions of Polk Company associated with Document Number #P1200004965 and will not be seeking to reinstate this name in the future.

If you have any questions, please do not hesitate to contact me.

Thank you,

A handwritten signature in cursive script, appearing to read "David Brooks".

David Brooks
Agent/Owner
Insurance Solutions of Polk County

Your hometown solution for protecting what matters most



317 W Highland Dr.
Suite 103
Lakeland, FL 33813

PHONE 863-937-9176
FAX 863-940-4761
EMAIL info@isolutionspc.com
WEBSITE www.isolutionspc.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INSURANCE SOLUTIONS OF POLK 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:

317 W HIGHLAND DR SUITE 103
LAKELAND, FL 33813

Mailing Address:

317 W HIGHLAND DR SUITE 103
LAKELAND, FL 33813

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:

DAVID A BROOKS

Name

5964 CHARLOMA DRIVE

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

LAKELAND

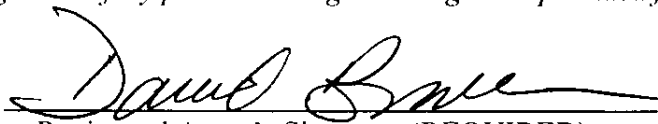
FL

33812

City

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
17 JUN 20 PM 4:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

DAVID A BROOKS

5964 CHARLOMA DRIVE

LAKELAND, FL 33812

FILED
17 JUN 20 PM 4: 18
CLERK OF STATE
ALLIANCE, FLORIDA

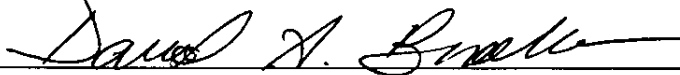
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

DAVID A BROOKS

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)