Electronic Articles of Organization For Florida Limited Liability Company

L17000145824 FILED 8:00 AM July 07, 2017 Sec. Of State

Article I

The name of the Limited Liability Company is: BREEZE INSURANCE GROUP, LLC

Article II

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

615 S MISSOURI AVENUE CLEARWATER, FL. US 33756

The mailing address of the Limited Liability Company is:

615 S MISSOURI AVENUE CLEARWATER, FL. US 33756

Article III

The name and Florida street address of the registered agent is:

MELAINE METHENY 1569 GENTRY STREET CLEARWATER, FL. 33755

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.

Registered Agent Signature: MELAINE METHENY

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR

SAM KARAMOUNTZOS 1 LEEWARD ISLAND CLEARWATER, FL. 33767 US

Title: AMBR ELENE FUREY 1424 TURNER STREET CLEARWATER, FL. 33756 US

Title: MGR KRYSTAL MIHOPAULOS 615 S MISSOURI AVENUE CLEARWATER, FL. 33756 US

Article V

The effective date for this Limited Liability Company shall be:

07/07/2017

Signature of member or an authorized representative

Electronic Signature: MELAINE METHENY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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