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Florida Department of State  
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FLORIDA LIMITED LIABILITY CO.  
Leader Insurance LLC Group

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December 13, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

STONE GERKEN, P.A.

SUBJECT: LEADER INSURANCE LLC  
REF: W17000098400

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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JUAN A REYES  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
OF  
LEADER INSURANCE GROUP, LLC

ARTICLE I  
NAME

The name of this Limited Liability Company is **LEADER INSURANCE GROUP, LLC.**

ARTICLE II  
DURATION

This limited liability company shall have a perpetual existence commencing on the date these Articles are filed with the Secretary of State for the State of Florida, unless sooner terminated as provided herein.

ARTICLE III  
PURPOSE

This limited liability company is created for the purpose of transacting all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act as agreed upon by the members.

ARTICLE IV  
PLACE OF BUSINESS AND REGISTERED AGENT

The principal place of business of this limited liability company shall be 419 N. Grove Street, Eustis, Florida 32726, or such other place or places as the members from time to time may determine.

The mailing address of this limited liability company shall be 419 N. Grove Street, Eustis, Florida 32726.

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The initial Registered Agent of this limited liability company shall be Francis Allen Bates III, 419 N. Grove Street, Eustis, Florida 32726.

**ARTICLE V  
MANAGEMENT OF THE BUSINESS**

This limited liability company shall be a manager-managed company. The initial manager shall be Francis Allen Bates III whose address is 419 N. Grove Street, Eustis, Florida 32726. Such manager shall continue to manage this limited liability company until a qualified successor is duly elected as provided in the Operating Agreement of the Company, provided that if there is no Operating Agreement, qualification and election shall be controlled by the default provisions of the Revised Limited Liability Company Act or its successor.

**ARTICLE VI  
PROPERTY**

Real or personal property originally brought into or transferred to the Company, or acquired by the Company by purchase or otherwise, shall be held and owned, and conveyance shall be made, in the name of this limited liability company.

**ARTICLE VII  
AMENDMENTS**

These Articles, except for the vested rights of the members, may be amended from time to time by two-thirds (2/3) majority-in-interest of the members, and the amendments shall be filed with the Florida Department of State.

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IN WITNESS WHEREOF, the parties hereto have executed these Articles of Organization on this 14<sup>th</sup> day of December, 2017.

*F. Allen Bates III*

Francis Allen Bates III  
Manager or Authorized Representative

STATE OF FLORIDA  
COUNTY OF LAKE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Francis Allen Bates III, who is personally known to me, and who executed the foregoing instrument and he acknowledged before me that he executed the same in his capacity as a Manager or Authorized Representative.

WITNESS my hand and official seal in the County and State last aforesaid this 14<sup>th</sup> day of December, 2017.

*Robyn Sambor*

NOTARY PUBLIC

*Robyn Sambor*

Notary Public Printed Name

My Commission Expires:



Robyn Sambor  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# GG050584  
Expires 7/5/2020

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In pursuance of Section 605.0113, Florida Statutes, the following is submitted, in compliance with said Act:

First - that LEADER INSURANCE GROUP, LLC, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Organization, at 419 N. Grove Street, Eustis, Florida 32726, has named Francis Allen Bates III, of 419 N. Grove Street, Eustis, Florida 32726, as its agent to accept service of process within this State.

**ACKNOWLEDGEMENT**


Having been named to accept service of process for the above stated Company, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said offices.

F. Allen Bates III  
Francis Allen Bates III  
Registered Agent

Sworn to and subscribed before me this 14th day of December, 2017 by Francis Allen Bates III.

Robyn Sambor  
NOTARY PUBLIC

My Commission Expires:

 Robyn Sambor  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# GG050594  
Expires 7/5/2020

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