

L18000202977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

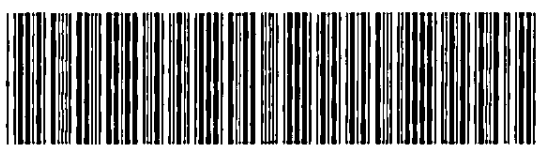
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017
Date: 8-23-18

Requestor Name: Carlton Fields
Address: Post Office Drawer 190
Tallahassee, Florida 32302

Telephone: (850) 513-3619 - direct
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO
DEDUCT FROM ACCOUNT
\$ 155.00

Corporation Name: Kin Risk Management, LLC

Email Address: _____

Entity Number: _____

Authorization: Kim Pullen

Certified Copy

New Filings

Fictitious Name

Plain Stamped Copy

Amendments

Certificate of Status

Annual Report

Registration

Call When Ready

Call if Problem

After 4:30

Walk In

Will Wait

Pick Up

CF Internal Use Only

Client: 11678 Matter: 32921

Name: R. Derman Office: TPA

**ARTICLES OF ORGANIZATION
OF
KIN RISK MANAGEMENT, LLC**

The undersigned, as the authorized representative of the organizing member of a limited liability company under the Florida Revised Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

ARTICLE I

Name

The name of the Company is Kin Risk Management, LLC.

ARTICLE II

Initial Principal Office Street and Mailing Address

The Company's initial principal office street address and mailing address is 350 Lincoln Road, Miami Beach, Florida 33139.

ARTICLE III

Initial Registered Agent and Office

The street address of its initial registered office of the Company is 100 S. Ashley Dr., Suite 400, Tampa, FL 33602, and the name of its initial registered agent at that address is CF Registered Agent, Inc.

ARTICLE IV

Organizing Member

The name and address of the organizing member are:

<u>Name</u>	<u>Address</u>
Kin Insurance, Inc. a Delaware corporation	100 S. State St., Third Floor, Chicago, Illinois 60603

ARTICLE V

Authorized Representative

The name and address of the authorized representative of the organizing member are:


<u>Name</u>	<u>Address</u>
Richard A. Denmon	4221 W. Boy Scout Blvd. Suite 1000 Tampa, Florida 33607

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Dated this 23rd day of August 2018.

Authorized Representative:


Richard A. Denmon

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ALLAHASSEY ST ORIN

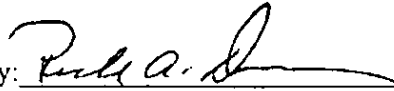
ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the duties and obligations of its position as registered agent.

Dated this 23rd day of August 2018.

REGISTERED AGENT:

CF Registered Agent, Inc.

By: 
Richard A. Denmon,
Authorized Representative

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