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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6361

From:

Account Name : LYONS & LYONS, P.A.
Account Number : 120030000061
Phone : (239)948-1823
Fax Number : (239)948-1826

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: rlyons@lyons-law.com

2018 OCT 17 AM 9:10

FLORIDA LIMITED LIABILITY CO.
Bostick & Carnegie Insurance, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

SECRETARY
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION
OF
BOSTICK & CARNEGIE INSURANCE, LLC**

ARTICLE I – NAME

The name of the limited liability company is BOSTICK & CARNEGIE INSURANCE, LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:

27911 Crown Lake Boulevard, Suite 229
Bonita Springs, Florida 34135

Mailing Address:


27911 Crown Lake Boulevard, Suite 229
Bonita Springs, Florida 34135

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Klaudia Smutny
27911 Crown Lake Boulevard, Suite 229
Bonita Springs, Florida 34135

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.


Klaudia Smutny

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

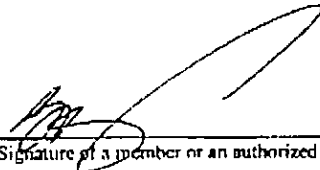
Name and Address:

MGR

Klaudia Smutny

27911 Crown Lake Boulevard, Suite 229
Bonita Springs, Florida 34135

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

Klaudia Smutny

Typed or printed name of signer

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