Division of Corporations 1/31/2019

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

> > (((H19000037385 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: R&P ACCOUNTING AND TAXES INC Account Name

Account Number : I20170000090 Phone : (305)358-1310

: (305)503-6701 Fax Number

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. LL SOCIEDAD DE CORRETAJE DE SEGUROS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 0 1 2017

C Kinsey

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I

The name of the Limited Liability Company and Effective day is:

# LL SOCIEDAD DE CORRETAJE DE SEGUROS, LLC

19 JAN 31 LA DI 45
MCGENANT BE SENS

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

## **ARTICLE II**

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

Principal Office Address 19900 E country club drive #618 MIAMI, FL 33180 Mailing Address
19900 E country club drive #618
MIAMI, FL 33180

## 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:

# R&P ACCOUNTING & TAXES, INC

Name

200 SE 1<sup>ST</sup> STREET, SUITE #604 Florida Street address (P.O. Box NOT acceptable)

> MIAMI, FL 33131 FL City, State, and 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.

X
Registered Agent's Signature (REQUIRED)

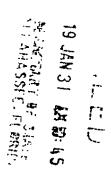
### ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s):

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

Title:

ALIRIO NOGUERA 19900 E country club drive #618 MIAMI, FL 33180 **AUTHORIZED MEMBER** 



## 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.

## REQUIRED: SIGNATURE

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

ALIRIO NOGUERA

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

## ARTICLE VI

The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

The main objective of the company is: INSURANCE CONSULTING SERVICES