

# L19000032054

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
TRADITION'S INSURANCE LLC.**

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February 7, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: TRADITION'S INSURANCE LLC  
REF: W19000012354

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

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Neysa Culligan  
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FAX Aud. #: H19000043840  
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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRADITION'S INSURANCE LLC

ARTICLE II - Address:

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

6500 W 4<sup>TH</sup> AVE

HIALEAH FL 33012

SUITE 33

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

JAVIER GONZALEZ JR.

50 W 52 ST

HIALEAH FL 33012

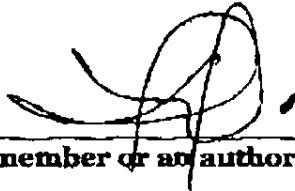
ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

JAVIER GONZALEZ JR (AMBR)

DIANET VAHLE (MGR)

**Required Signatures:**



\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

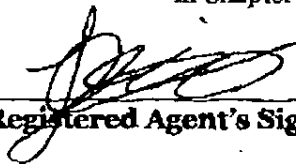
In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.

*DIANET VOTE*

\_\_\_\_\_  
**Typed or printed name of signee**

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..



\_\_\_\_\_  
**Registered Agent's Signature (REQUIRED)**

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TALLAHASSEE, FLORIDA

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