

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L19000162832
FILED 8:00 AM
June 20, 2019
Sec. Of State
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Article I

The name of the Limited Liability Company is:
WRT INSURANCE SERVICES LLC

Article II

The street address of the principal office of the Limited Liability Company is:
6910 HARBOR LANE
FORT MYERS, FL. US 33919

The mailing address of the Limited Liability Company is:
P.O. BOX 07397
FORT MYERS, FL. 33919

Article III

Other provisions, if any:
ANY AND ALL LAWFUL PRACTICES

Article IV

The name and Florida street address of the registered agent is:
WILLIAM J ROSEMAN
6910 HARBOR LANE
FORT MYERS, FL. 33919

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.

Registered Agent Signature: WILLIAM J ROSEMAN

Article V

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The name and address of person(s) authorized to manage LLC:

Title: MGR
WILLIAM J ROSEMANN
6910 HARBOR LANE
FORT MYERS, FL. 33919 US

Title: MGR
RALPH W TEMPLE
3228 PURPLE MARTIN DR UNIT 112
PUNTA GORDA, FL. 33950

Article VI

The effective date for this Limited Liability Company shall be:

06/15/2019

Signature of member or an authorized representative

Electronic Signature: WILLIAM J ROSEMANN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.