

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

L19000175856
FILED 8:00 AM
July 08, 2019
Sec. Of State
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Article I

The name of the Limited Liability Company is:

FERNANDEZ INSURANCE, LLC

Article II

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

8541 NW SOUTH RIVER DR
MEDLEY, FL. 33166

The mailing address of the Limited Liability Company is:

8541 NW SOUTH RIVER DR
MEDLEY, FL. 33166

Article III

Other provisions, if any:

ANY LAWFUL ACTIVITIES

Article IV

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

YADIRA FERNANDEZ PEREZ
8541 NW SOUTH RIVER DR
MEDLEY, FL. 33144

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: YADIRA FERNANDEZ PEREZ

Article V

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

Title: AMBR
MAIRA G PEREZ PINA
6800 SW 14TH ST
MIAMI, FL. 33144 US

Title: AMBR
YADIRA FERNANDEZ PEREZ
6800 SW 14TH ST
MIAMI, FL. 33144 US

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Article VI

The effective date for this Limited Liability Company shall be:

07/04/2019

Signature of member or an authorized representative

Electronic Signature: YADIRA FERNANDEZ PEREZ

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.