

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

L19000267900
FILED 8:00 AM
October 25, 2019
Sec. Of State
msimmons

Article I

The name of the Limited Liability Company is:
BOTKINS & SPOOR INSURANCE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
13924 7TH ST
DADE CITY, FL. US 33525

The mailing address of the Limited Liability Company is:
PO BOX 670
SAN ANTONIO, FL. US 33576

Article III

The name and Florida street address of the registered agent is:
THOMAS R SPOOR
13411 THOROUGHbred DR
DADE CITY, FL. 33525

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: THOMAS R SPOOR

Article IV

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

Title: MGR
LAWRENCE P BOTKINS
15915 NORTHLAKE VILLAGE DR
ODESSA, FL. 33556 US

Title: MGR
THOMAS R SPOOR
13411 THOROUGHbred DR
DADE CITY, FL. 33525 US

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Article V

The effective date for this Limited Liability Company shall be:

10/25/2019

Signature of member or an authorized representative

Electronic Signature: THOMAS R SPOOR

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.