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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

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#### FLORIDA LIMITED LIABILITY CO.

Currie Cares Insurance, L.L.C.

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Electronic Filing Menu

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Audit Fax No: 4+19000 338647

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CURRIE CARES INSURANCE, L.L.C.

**ARTICLE II - Address:** 

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

1245 COÜRT STREET CLEARWATER, FL 33756

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Alan S. Gassman 1245 Court Street, Suite 102 Clearwater, FL 33756

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

ARTICLES OF ORGANIZATION OF CURRIE CARES INSURANCE, L.L.C.

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SECRETARY OF STATE

Audit Fax No: 419000338047-

#### ARTICLE IV - Members and Managers:

The names and addresses of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> Name and Address:

"AMBR" = Authorized Member "MGR" = Manager

MGR JENNIFER CURRIE BELLOMO

1245 COURT STREET CLEARWATER, FL 33756

MGR W.E. CURRIE, IV 1245 COURT STREET

CLEARWATER, FT. 33756

## ARTICLE V - Effective Date:

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 (5) business days prior to or ninety (90) days after the date of filing.)

ARTICLE VI - Other provisions, if any.

### Written Operating Agreement

Any operating agreement entered into by the Members of the Limited Liability Company, and any amendments or restatements thereof, shall be in writing, and shall govern all matters relating to the governance of the affairs of the Limited Liability Company, the conduct of its business and the relations of its Members, including without limitation, the amendment of these Articles. No oral agreement among any of the Members or Managers of the Limited Liability Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the Limited Liability Company, as amended and in existence from time to time.

ARTICLES OF ORGANIZATION OF CURRIE CARES INSURANCE, L.L.C.

PAGE 2

Alan S. Gassman, Esquire
1245 Court Street
Clearwater, FL 33756
(727) 442-1200
Florida Bar #: 371750
Audit Fax #: 41 9 00 0 3 3 8 647

Audit Fax No: 119000338647

REQUIRED SIGNATURE:

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.)

ALAN S. GASSMAN, Authorized Representative

Type or printed name of signee

JACCURRIENCURRIE CARES INSURANCE, L.L.C. (FL)VArticles of Organization. Lwpd tame 11/19/19

ARTICLES OF ORGANIZATION OF CURRIE CARES INSURANCE, L.L.C.

PAGE 3

Alan S. Gassman, Esquire 1245 Court Street Clearwater, FL 33756 (727) 442-1200 Florida Bar #: 371750

Florida Bar #: 371750 Audit Fax #: 419000350047