

L19000281267

H. Richard Bisbee

(Requestor's Name)

1882 Capital Circle NE

(Address)

# 206

(Address)

Tallahassee, FL 32308

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

Esslinger Platinum Insurance  
services LLC

(Business Entity Name)

(Document Number)

Certified Copies X

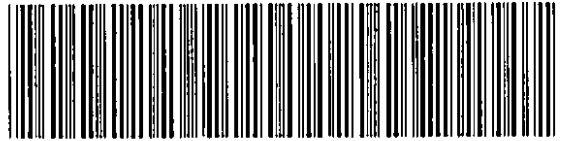
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

J. DENNIS

NOV 27 2019



000337452250

11/27/19--01003--012 \*\*155.00

19 NOV 27 19 14 25

RECEIVED

**ARTICLES OF ORGANIZATION  
OF  
ESSLINGER PLATINUM INSURANCE SERVICES LLC.  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**ESSLINGER PLATINUM INSURANCE SERVICES LLC.**

**ARTICLE II – Address:**

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

**Principal Office Address:**

901 Riggins Road, #114  
Tallahassee, FL 32308

**Mailing Address:**

901 Riggins Road, # 114  
Tallahassee, FL 32308

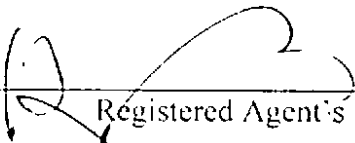
**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

(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).

The name and the Florida street address of the Registered Agent are:

**H. RICHARD BISBEE, Attorney  
1882 Capital Circle N. E., Suite 206  
Tallahassee, FL 32308  
(850)-386-5300**

*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 608, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature

(continued)

Page 1 of 2

**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

“MGR” = Manager

“MGRM” = Managing Member

**Name and Address:**

MGRM

Bradley Esslinger  
901 Riggins Road, #114  
Tallahassee, Florida 32308

**ARTICLE V:** 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 business days prior to or 90 days after the date of filing).

**REQUIRED SIGNATURE:** Date: November 27, 2019



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3) Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

\_\_\_\_\_  
BRADLEY ESSLINGER

Typed or printed name of signee

**Filing Fees payable to the Florida Department of State:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



## STATE EMPLOYEE SPECIAL

- ★ 10% off 3x/week or 12 month memberships
- ★ 10% off 2x/week month members
- ★ A FREE MyZone Heart rate monitor (\$98 value)
- ★ Qualifies for CHP Fitness Reimbursement

# BODYTRAC

HEALTH & FITNESS

- ✓ SMALL GROUP PERSONAL TRAINING
- ✓ HEART RATE TRAINING
- ✓ MEAL DELIVERY SERVICE
- ✓ HEALTH AND WELLNESS SUPPLEMENTS
- ✓ ACCOUNTABILITY

LOCATED NEXT TO  
URBAN FOOD MARKET  
STOP BY TO GET STARTED  
CALL OR TEXT. (850)-629-4992

