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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

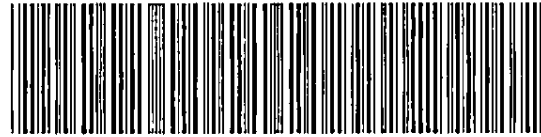
(Business Entity Name)

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J. FASON

MAR 16 2020

STATE  
TALLAHASSEE, FL

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PANTHER ASSURANCE LLC

Signature \_\_\_\_\_

Requested by: BA

3/12/20

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
✓ \_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
✓ \_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
PANTHER ASSURANCE LLC**

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

**ARTICLE I: NAME**

The name of the company is **PANTHER ASSURANCE LLC**

**ARTICLE II: PRINCIPAL OFFICE**

The principal office of the company is **11449 N. Kendall Dr., Suite 201, Miami FL 33176**

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SECRETARY OF STATE  
TALLAHASSEE, FL

### **ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Bauer, Gutierrez, & Borbon, PLLC, 814 Ponce de Leon Blvd, Suite 210, Coral Gables, FL 33134**

### **ARTICLE IV: MANAGER MANAGED LLC**

This LLC shall be Manager Managed and is not member managed.

### **ARTICLE V: MANAGERS**

The name and address of each initial person authorized to manage and control the Limited Liability Company:

**Lenny E. Tineo, Manager, 5077 NW 7TH Street, Apt 908, Miami, FL 33126**

**Michael P. Hernandez, Manager, 11440 N. Kendall Dr., Suite 201, Miami, Florida 33176**

**ANA MARIA ALICIA PEREZ, Manager, 11440 N. Kendall Dr., Suite 201, Miami, Florida 33176**

**SUZANNA M. PEREZ GURRI, Manager, 11440 N. Kendall Dr., Suite 201, Miami, Florida 33176**

**The undersigned has executed these Articles of Organization for filing purposes this 12<sup>th</sup> day of March 2020.**

**/S/ Michael P. Hernandez**

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**Authorized Representative**

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: **PANTHER ASSURANCE LLC**
2. The name and street address of the registered agent and office is:

**Bauer, Gutierrez, & Borbon, PLLC, 814 Ponce de Leon Blvd, Suite 210, Coral Gables, FL 33134**

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

**/S/ David Bauer**

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**David Bauer for Bauer, Gutierrez, & Borbon, PLLC**