# Electronic Articles of Organization For Florida Limited Liability Company

L20000115210 FILED 8:00 AM April 28, 2020 Sec. Of State wlawrence

#### Article I

The name of the Limited Liability Company is: T.O RELIABLE INSURANCE, LLC

#### **Article II**

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

6700 PINES BLVD HOLLYWOOD, FL. 33024

The mailing address of the Limited Liability Company is:

6700 PINES BLVD HOLLYWOOD, FL. 33024

## **Article III**

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

JACKIE DEZARD 6700 PINES BLVD HOLLYWOOD, FL. 33024

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: JACKIE DEZARD

## **Article IV**

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

Title: AMBR JACKIE DEZARD 6700 PINES BLVD WEST PALM BEACH, FL. 33417 UN

Title: MGR

JACKIE DEZARD 6700 PINES BLVD WEST PALM BEACH, FL. 33417 UN

Title: MGR SAMMIE FLANDERS 6700 PINES BLVD HOLLYWOOD, FL. 33024

# Article V

The effective date for this Limited Liability Company shall be:

04/28/2020

Signature of member or an authorized representative

Electronic Signature: JACKIE DEZARD

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.

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