

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

L20000147548
FILED 8:00 AM
June 01, 2020
Sec. Of State
bcbiro

Article I

The name of the Limited Liability Company is:
TARTAGLIA INSURANCE GROUP LLC

Article II

The street address of the principal office of the Limited Liability Company is:
8927 HYPOLUXO ROAD A-4
SUITE 202
LAKE WORTH, FL. UN 33467

The mailing address of the Limited Liability Company is:
8927 HYPOLUXO ROAD A-4
SUITE 202
LAKE WORTH, FL. UN 33467

Article III

Other provisions, if any:

THE PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED IS ANY
AND ALL LAWFUL BUSINESS AS STATED IN THE ARTICLES OF
INCORPORATION.

Article IV

The name and Florida street address of the registered agent is:
GREGORY V TARTAGLIA
135 YACHT CLUB WAY
309
HYPOLUXO, FL. 33462

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: GREGORY V. TARTAGLIA

Article V

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

Title: PRES
GREGORY V TARTAGLIA
8927 HYPOLUXO ROAD A-4, SUITE 202
LAKE WORTH, FL. 33467 UN

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Signature of member or an authorized representative

Electronic Signature: GREGORY V. TARTAGLIA

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.