

L200000147758
4/2020 Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
H20000168540 3

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000168540 3)))



H200001685403ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
VALLEY INSURANCE ADVISORS OF FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2020 JUN -1, PM 3:27

2020 JUN -1, PM 1:46

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

**ARTICLES OF ORGANIZATION
OF
VALLEY INSURANCE ADVISORS OF FLORIDA, LLC**

ARTICLE I: NAME

The name of the limited liability company is Valley Insurance Advisors of Florida, LLC (the "LLC").

ARTICLE II: ADDRESS

The street and mailing address of the principal office of the LLC is 3910 RCA Blvd., Suite 100, Palm Beach Gardens, FL 33410.

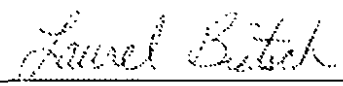
ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, 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 of the Florida Statutes.

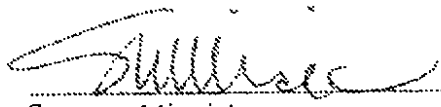
CORPORATION SERVICE COMPANY

By: 
Name: Laurel Bietsch
Title: Assistant Secretary

ARTICLE IV: MANAGEMENT

The LLC will be manager-managed.

In accordance with Section 605.0203(1)(b) of the Florida Revised Limited Liability Company Act, 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 Florida Department of State constitutes a third degree felony as provided for in Section 817.155 of the Florida Statutes.

By: 
Name: Suzanne Minnick
Title: Executive Vice President of Masters Coverage Corp., a New York Corporation, Sole Member of the LLC