

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

L20000196891
FILED 8:00 AM
July 09, 2020
Sec. Of State
bcbiro

Article I

The name of the Limited Liability Company is:
COMPLETE CARRIER COVERAGE LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1500 W CYPRESS CREEK RD
SUITE 304
FORT LAUDERDALE, FL. US 33309

The mailing address of the Limited Liability Company is:
1500 W CYPRESS CREEK RD
SUITE 304
FORT LAUDERDALE, FL. US 33309

Article III

The name and Florida street address of the registered agent is:
DEREK MADON
1500 W CYPRESS CREEK RD
STE 304
FT LAUDERDALE, FL. 33309

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: DEREK MADON

Article IV

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

Title: MGR
DEREK MADON
1500 W CYPRESS CREEK RD, STE 304
FT LAUDERDALE, FL. 33309 US

Title: MGR
TRACY MADON
1500 W CYPRESS CREEK RD, STE 304
FT LAUDERDALE, FL. 33309 US

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Article V

The effective date for this Limited Liability Company shall be:

07/09/2020

Signature of member or an authorized representative

Electronic Signature: DEREK MADON

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.