

L20000333840

## Florida Department of State

Division of Corporations  
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To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

**\*\*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.  
SP AGENCY HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
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FILED  
20 OCT 29 PM 7:57  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
2020 OCT 29 PM 3:22  
DIVISION OF CORPORATIONS  
RECEIVED

ARTICLES OF ORGANIZATION  
OF  
SP AGENCY HOLDINGS, LLC  
(a Florida limited liability company)

ARTICLE I - Name:

The name of the Limited Liability Company is:

SP Agency Holdings, LLC

ARTICLE II - Address:

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

12640 Telecom Drive  
Temple Terrace, FL 33637

ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:

The Registered Agent and Registered Office for service of process is as follows:

Name: Steven Hoffman  
Address: 12640 Telecom Drive  
Temple Terrace, FL 33637

*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 as provided for in Chapter 605, F.S.*



Steven Hoffman  
Registered Agent

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

Title:

Name and Address:

AMBR

Safepoint Holdings, Inc.  
12640 Telecom Drive  
Temple Terrace, FL 33637

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SECRETARY OF STATE

**SIGNATURE:**

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.



Steven Hoffman, Authorized Representative

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20 OCT 29 PM 8:07  
SECRETARY OF STATE  
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