Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070000020

Phone : (813)435-3176

Fax Number

: (813)333-6358

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. **OPTIFY AGENCY, LLC**

Certificate of Status	0
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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OPTIFY AGENCY, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4839 VOLUNTEER RD.
SUITE 335
SOUTHWEST RANCHES, FLORIDA 33330
SOUTHWEST RANCHES, FLORIDA 33330

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JOSHUA NEWMAN

Name

4839 VOLUNTEER RD. SUITE 335

Florida street address (P.O. Box NOT acceptable)

SOUTHWEST RANCHES

FLORIDA

22220

City

State

Zip

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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H20000380055 3

Title: "AMBR" = Authorize "MGR" = Manager	d Member	Name and Address:
AMBR		JOSHUA NEWMAN
•	•	4839 VOLUNTEER RD. SUITE 335
	•	SOUTHWEST RANCHES, FLORIDA 33330
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		VON
		(2)**
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