

L20000336469

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H20000380065 3)))



H200003800653ABCY

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 : 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: NS@NickSpradlin.com

FLORIDA LIMITED LIABILITY CO. OPTIFY AGENCY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

NOV 03 2020

H200003800653

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:4839 VOLUNTEER RD.
SUITE 335
SOUTHWEST RANCHES, FLORIDA 33330Mailing Address:4839 VOLUNTEER RD.
SUITE 335
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:

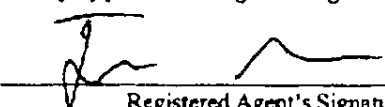
JOSHUA NEWMAN

Name

4839 VOLUNTEER RD. SUITE 335Florida street address (P.O. Box **NOT** acceptable)

<u>SOUTHWEST RANCHES</u>	<u>FLORIDA</u>	<u>33330</u>
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)

H200003800653

FILED
20 NOV -2 PM 5:47
ALLAHASSEE, FLORIDA

