

L20000357741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

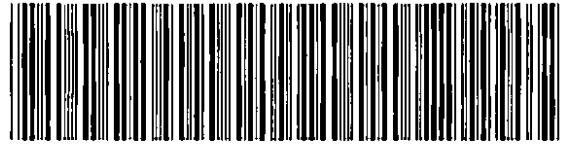
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600355427646

2020 NOV 19 AM 11:12

FILED

2020 NOV 19 PM 12:36

RECEIVED

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

C RICO
NOV 19 2020

C RICO
NOV 19 2020



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 11/19/2020

Name: Merritt Walker

Reference #: 1291385

Entity Name: NEW SUNZ INSURANCE SERVICES, LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$155

Signature: 

**ARTICLES OF ORGANIZATION
OF
NEW SUNZ INSURANCE SERVICES, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **NEW SUNZ INSURANCE SERVICES, LLC**

ARTICLE II: - Address

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

**1301 6th Avenue West, #3
Bradenton, Florida 34205**

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

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

**Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301**

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.

Corporation Service Company, Registered Agent

By: Samantha Alterman
Name: Samantha Alterman
Title: Assistant Secretary

FILED
2020 NOV 19 AM 11:12

ARTICLE IV: - Management

The name and address of the individual authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Steven F. Herrig 1301 6 th Avenue West, #3 Bradenton, Florida 34205

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on November 18, 2020.

/s/ Mason H. Drake
Mason H. Drake, Authorized Signer

(In accordance with section 605.0203(1)(b), Florida Statutes, 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 Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.)

Mason H. Drake
Typed or printed name of signee