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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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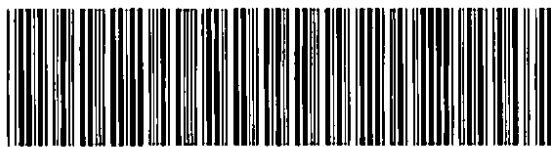
(Business Entity Name)

(Document Number)

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- ☐ **CERTIFIED COPY** _____
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1. **KEH INSURANCE LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

Articles of Organization

KEH INSURANCE LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I -Name:

The name of the Limited Liability Company is:

KEH INSURANCE LLC

ARTICLE II -Address:

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

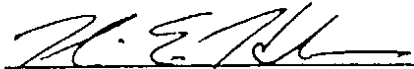
c/o Sihle Insurance Group
1021 Douglas Avenue
Altamonte Springs, FL 32714

ARTICLE III -Registered Agent and Registered Office:

The name and the Florida street address of the initial registered agent of the Limited Liability Company are:

Kevin E. Halverson
c/o Sihle Insurance Group
1021 Douglas Avenue
Altamonte Springs, FL 32714

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.



Name: Kevin E. Halverson

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ARTICLE IV – Managers:

The Limited Liability Company is Manager-Managed. The name and address of each person authorized to manage and control the Limited Liability Company are:

| <u>Title</u> | <u>Name and Address</u> |
|--------------|---|
| Manager | Kevin E. Halverson c/o Sihle Insurance Group 1021 Douglas Avenue Altamonte Springs, FL 32714 |

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this 6th day of January 2021. In accordance with Section 605.0203(1)(b) and Section 605.0205(3), 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.

By: 
Name: Kevin E. Halverson
Title: Authorized Signatory

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REC'D