

L21000030006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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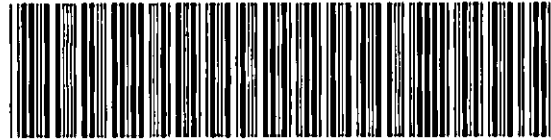
(Business Entity Name)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

5 PLUS MEDICARE INSURANCE CENTER

LC

Signature _____

Requested by: BA

1/29/21

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
✓ ____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
✓ ____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

FILED JAN 29 2019 31

CLERK OF COURT
DAVIE, FL

ARTICLES OF ORGANIZATION FOR

65 Plus Medicare Insurance Center LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **65 Plus Medicare Insurance Center LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **14000 SW 24 Street, Davie, FL 33325**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Allen Yancey, 14000 SW 24 Street, Davie,
FL 33325**

ARTICLE IV: MANAGER

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

Allen Yancey, Manager, 14000 SW 24 Street, Davie, FL 33325

**The undersigned has executed these Articles of Organization for filing purposes this 29th
day of January 2021.**

**/S/ Allen Yancey as Authorized Representative for 65 Plus Medicare Insurance Center
LLC**

Authorized Representative

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: **65 Plus Medicare Insurance Center LLC**
2. The name and street address of the registered agent and office is:

Allen Yancey, 14000 SW 24 Street, Davie, FL 33325

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

/S/ Allen Yancey

Allen Yancey

FILED
JAN 11 2011
CLERK OF CIRCUIT COURT
DAVIE, FLORIDA