

L21000286660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

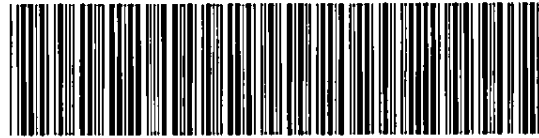
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/21/21--01002--012 \*\*125.00

FILED  
2021 JUN 18 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FL  
2021 JUN 18 PM 4:08  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. INSURANCE GLOBAL GROUP LLC Document #  
(Business Name)

     Walk in      Pick up time     

     Mail out      Will wait

     Photocopy

     Certified Copy (please stamp each page)

     Certificate of Status

**NEW FILINGS**

     Profit  
     Not for Profit  
  X   Limited Liability  
     Domestication  
     Other  
     **CORP**

**OTHER FILINGS**

     Annual Report  
     Fictitious Name

     APOSTIL ( )                       
Country

**AMMENDMENTS**

     Amendment  
     Resignation of R.A. Officer/Director  
     Change of Registered Agent  
     Dissolution/Withdrawal  
     Merger  
     **Conversion**

**REGISTRATION/QUALIFICATIONS**

     Foreign filing  
     Limited Partnership  
     Reinstatement

     Other

**EXAMINER'S INITIALS:**

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** INSURANCE GLOBAL GROUP LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN DELLOCA

Name of Person

MDELL CONSULTING CORP

Firm/Company

777 BRICKELL AVE STE 500-49

Address

MIAMI, FL 33131

City/State and Zip Code

MDELLOCA @MDELLCONSULTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN E DELLOCA

305

607-3493

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

INSURANCE GLOBAL GROUP LLC

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

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TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

777 BRICKELL AVE STE 500-49  
MIAMI, FL 33131

Mailing Address:

777 BRICKELL AVE STE 500-49  
MIAMI, FL 33131

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:

BLUEMAX PARTNERS CORP

Name

777 BRICKELL AVE STE 500-49

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

MIAMI

FL

33131

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR \_\_\_\_\_

MARTIN E DELLOCA  
777 BRICKELL AVE STE 500-49  
MIAMI, FL 33131

MGR \_\_\_\_\_

FRANCISCO BERRETA  
777 BRICKELL AVE STE 500-49  
MIAMI, FL 33131

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

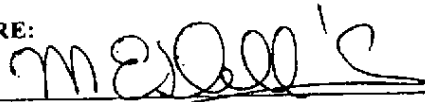
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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 s.817.155, F.S.

Martin Delloca

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)