

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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FLORIDA LIMITED LIABILITY CO.

Newcoast Insurance Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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ARTICLES OF ORGANIZATION OF NEWCOAST INSURANCE SERVICES, LLC (a Florida Limited Liability Company)

The undersigned authorized representative of the member of Newcoast Insurance Services, LLC. a Florida limited liability company (the "Company"), pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, submits the following Articles of Organization:

ARTICLE I - NAME

The name of the Company shall be Newcoast Insurance Services, LLC.

ARTICLE II - DURATION

The period of the Company's duration shall begin on the date of filing of these Articles of Organization and shall exist perpetually, unless terminated in accordance with the Company's operating agreement.

ARTICLE III - PURPOSE

The purpose for which the Company is being formed is to engage in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - ADDRESS

The address of the registered office of the Company is 2600 McCormick Drive, #200, Clearwater, Florida 33759.

ARTICLE V - MANAGEMENT

The Company shall be member-managed company. The name and address of the member is Private Insurance Services, 2015 S.W. 20th Street, Suite #200, Ft. Lauderdale, Florida 33315.

ARTICLE V - REGISTERED AGENT

The name and address of the registered agent for service of process in the state of Florida is Corporate Creations Network Inc., 801 US Highway 1, North Palm Beach, Florida 33408.

IN WITNESS WHEREOF, the undersigned representative of the member has signed these Articles of Organization this 13th day of October, 2021.

Print Name Robert J. Granfmig Title: Authorized Representative

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Registered Agent Acceptance

I hereby accept the appointment as registered agent of Newcoast Insurance Services, LLC and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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.

CORPORATE CREATIONS NETWORK INC., Registered Agent

/s/ Caitlin Lazarus	
Caitlin Lazarus, Special Secretary	