# L210 CCH8 4359

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### **COVER LETTER**

SUBJECT:	I Insurance LLC
	Name of Limited Liability Company
The enclosed	Articles of Organization and fee(s) are submitted for filing.
Please return a	all correspondence concerning this matter to the following:
OI	ga Santillan
_	Name of Person
[n	surance
_	Firm/Company
12	1 Se 3 Ave # 308
	Address
Da	ania Beach, Fl, 33004
_	City/State and Zip Code
hin:	suranceinfo@gmail.com
	E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
Oly	ga Santillan 305 244-9859 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
□\$125.00 Fil	ling Fee S130.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

H Insurance LLC			
(Must co	ntain the words "Limited I.	iability Company.	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street	address of the principal of	fice of the Limited	Liability Company is:
Princi	pal Office Address:		Mailing Address:
121 SE 3 Av # 308		121	SE 3 Av # 308
Dania Beach, Fl. 33	3004	Dan	ia Beach, Fl, 33004
			nt's Signature:
mother business entity with a	i active Florida registration	n.)	You must designate an individual or
mother business entity with a	i active Florida registration	n.)	You must designate an individual or
another business entity with a	n active Florida registration active Florida registered	n.)	You must designate an individual or
mother business entity with a	n active Florida registration active Florida registered	agent are:	You must designate an individual or
(The Limited Liability Comparanother business entity with an The name and the Florida street	n active Florida registration at address of the registered Olga Santillan	agent are: Name	You must designate an individual or

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..

City

State

tered Agent Signature (REQUIRED)

Zip

(CONTINUED)

2921 NO 7 - 5 - FM 15 85

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Olga Santillan AMBR 121 SE 3 Ave # 308. Dania Beach, Fl. 33004 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 01/01/2022 (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 authofized 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.

ANTILLAn.

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)