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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

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

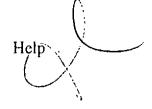
Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

Email Address: FLORIDA LIMITED LIABILITY CO. Good Greek Insurance Agency, LLC

Certificate of Status Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name: The name of the Limited Liab	ility Company is:				
Good Greek Insur	ance Agency, LLC				
(Must co	intain the words "Limited Li	ability Company, "l	L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stree	t address of the principal off	ice of the Limited L	iability Company is:	7.2. 1.2.	2022 AFR
<u>Princ</u>	ipal Office Address:		Mailing Address:	갶믮	FR
50 S. Old Dixie H	50 S. Old Dixie Highway 50 S. Old Dixie Highway			20	
Jupiter, Florida 33458		Jupite	r, Florida 33458		圣
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	iny cannot serve as its own R in active Florida registration	tegistered Agent, You	's Signature: ou must designate an individual or	CORIDA	8: 8:
The hame and the Florida Sile	er address or the registered a	igeni me.			
	Corporate Creations N				
		Name			
	801 US Highway 1				
	Florida street address	(P.O. Box <u>NOT</u> acc	eptable)		
	North Palm Beach	Florida	33408		
	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.

Janua Jugary Jenisa Irizarry, Special Secretary
Registers Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager SEE ATTACHMENT (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. Eric S. Almon 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)

ATTACHMENT TO THE ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE IV-

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

Title	Name and Address	
AMBR	Daniel Korolev	
	50 S. Old Dixie Highway	
	Jupiter, Florida 33458	
AMBR	Spero Georgedakis	
	50 S. Old Dixie Highway	
	Jupiter, Florida 33458	
AMBR	Alan Mednick	
	50 S. Old Dixie Highway	
	Jupiter, Florida 33458	
AMBR	Emanuel Voutsas	
	50 S. Old Dixie Highway	
	Jupiter, Florida 33458	
AMBR	John Osorio	
	50 S. Old Dixie Highway	
	Juniter, Florida 33458	

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