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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CCRPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:

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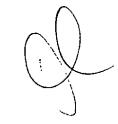
# FLORIDA LIMITED LIABILITY CO. Atlas Insurance Brokers of Florida, LLC

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

To:

The name of the Limited Liability Company is:

Atlas Insurance Brokers of Florida, LLC

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

#### ARTICLE II - Address:

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

# Principal Office Address:

# Mailing Address:

5051 Castello Drive	5051 Castello Drive	
Suite 213	Suite 213	
Naples, FL 34103	Naples, FL 34103	

# 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:

Kyle Garman		
	Nina	
5051 Castello Drive	Suite 213	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Naples	FL	34103
Cly	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. Thereby accept the appointment as registered agent and agree to act in his 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 Ceptr 605, FS

(CONTINUED)

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

"AMBR" = Authorized Member "MGR" = Manager		
AMBR	Kyle Garman 5051 Castello Drive, Suite 213 Naples, FL 34103	
AMBR	Vance L. Priege Revocable Trust dated June 26, 2018 5721 Bandel Road NW Rochester, MN 55901	
<del></del>		
(Use attachment if necessary)		
(If an effective date is listed, the date must be s the date of filing.)	ate of filing:	listed as
ARTICLE VI: Other provisions, if any.		787 YAY
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