

L22000285010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

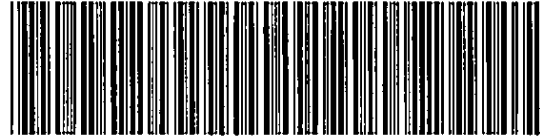
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JUN - 8 AM 10: 16

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: OM INSURANCE 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:

JAMES KAHOE

Name of Person

OXFORD RISK LLC

Firm/Company

83 N. Miller Rd., Unit 201

Address

Fairlawn, OH 44333

City/State and Zip Code

Jkahoe@oxfordriskllc.com

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

For further information concerning this matter, please call:

James Kahoe at ( 330 ) 523-9590  
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

OM INSURANCE GROUP 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:

9001 DANIELS PARKWAY

SUITE 203

FORT MYERS, FL 33912

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:

MATTHEW ROSS MILNOR

Name

9001 DANIELS PARKWAY, STE 203

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

FORT MYERS      FLORIDA      33912

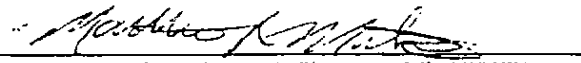
City

State

Zip

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TALLAHASSEE, FLORIDA  
SUNIL K. RAO, CLERK

*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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

James Kahoe  
83 N. Miller Rd., Unit 201  
Fairlawn, OH 44333

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

(Use attachment if necessary)

2022 JUN -8 AM 10:10  
STATE DEPT OF STATE  
FALLAUX SECT. FLOOR

FILED

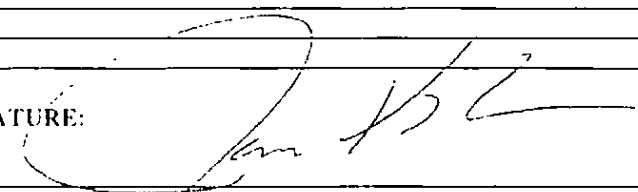
ARTICLE V: Effective date, if other than the date of filing: June 1, 2022 (OPTIONAL) or 90 days after the date of filing.)

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.

James Kahoe

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)