

L22000356663

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000275895 3)))



H220002758953ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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.
LONGHINI INSURANCE CO. LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2022 AUG 15 AM 3:45

RECEIVED
DIVISION OF CORPORATIONS
FALL HASSEE, FLORIDA

22 AUG 15 PM 2:33
SECRETARY OF STATE
FALL HASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

LONGHINI INSURANCE CO. LLC

ARTICLE II - Address:

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

13231 SW 46TH STREET

MIAMI, FL 33175

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

LILLIETTE LONGHINI

13231 SW 46TH STREET

MIAMI, FL 33175

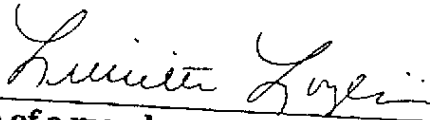
ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

LILLIETTE LONGHINI (AMBR)

22 AUG 15 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

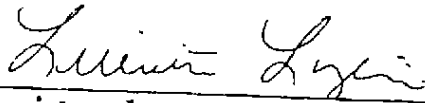
FILED

Required Signatures:**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

LILLIETTE LONGHINI**Typed or printed name of signee**

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)**

22 AUG 15 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED