

L22000443889

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.

((H22000352584 3)))



H22000352584ABC+

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 : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (786)901-8020

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.
NORTON FAMILY LIFE INSURANCE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

2022 OCT 14 AM 8:11

22 OCT 14 PM 12:35

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

**ARTICLES OF ORGANIZATION
OF
NORTON FAMILY LIFE INSURANCE LLC**

ARTICLE I - NAME

The name of this limited liability company is NORTON FAMILY LIFE INSURANCE LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The street address and the mailing address of the Company's principal office 13220 Whistler Mountain Road, Delray Beach, Florida 33446.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 836 N. Highland Avenue, Orlando, Florida 32803, and the name of the initial registered agent of the Company at that address is MMD Management Co., LLC.

ARTICLE IV - MANAGEMENT

The Company is a manager-managed limited liability company. The initial manager of the Company is Christopher Norton.

/s/ Christopher Norton

Christopher Norton, Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.

/s/ Meghan McShane-Davis

MMD Management Co., LLC

By: Meghan McShane-Davis

Its: President

22 OCT 14