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No. 1072 P. 1

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : HARRY G. REID, III
Account Number : I20010000189
Phone : (407)321-3911
Fax Number : (407)321-1467

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

Email Address: Stephanie@bluelakeinsurance.agency

FLORIDA LIMITED LIABILITY CO.
BLUE LAKE INSURANCE AGENCY LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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T. SCOTT,

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

ARTICLE I – NAME

The name of the Limited Liability Company is:

BLUE LAKE INSURANCE AGENCY LLC

ARTICLE II – ADDRESS

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

Principal Office Address:
114 E. 4TH Avenue, Suite 214
Mount Dora, Florida 32757

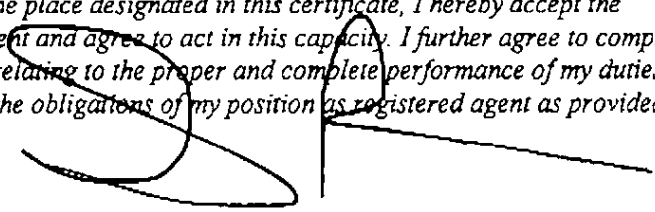
Mailing Address:
114 E. 4TH Avenue, Suite 214
Mount Dora, Florida 32757

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Stephanie Richardson
114 E. 4TH Avenue, Suite 214
Mount Dora, Florida 32757

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)

ARTICLE IV –

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

Title:
MGR – Manager

Name and Address:
Stephanie Richardson
114 E. 4TH Avenue, Suite 214
Mount Dora, Florida 32757

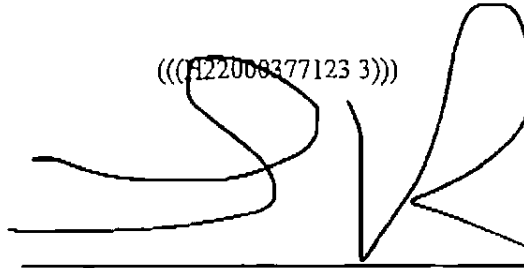
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SIGNATURE:



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 consisted 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.)

Stephanie Richardson

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)

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