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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  
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2023 5/11/11:58

\*\*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@blue-lake-insurance-agency

FLORIDA LIMITED LIABILITY CO.  
STEPHANIE RICHARDSON INSURANCE AGENCY LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 25 AM 11:45

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T. BURGH  
JAN 25 2023

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ARTICLES OF ORGANIZATION  
FOR FLORIDA  
LIMITED LIABILITY COMPANY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the Limited Liability Company is:

STEPHANIE RICHARDSON 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:  
18610 US Highway 441  
Mount Dora, Florida 32757

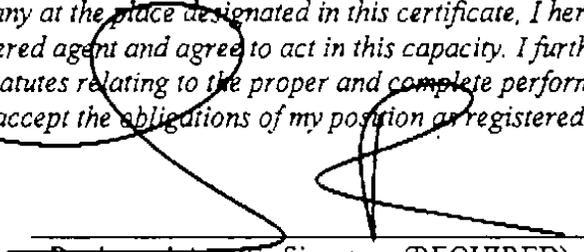
Mailing Address:  
18610 US Highway 441  
Mount Dora, Florida 32757

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

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

Stephanie Richardson  
18610 US Highway 441  
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  
18610 US Highway 441  
Mount Dora, Florida 32757

Effective date, is the date of filing.

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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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