

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.

(((H23000047851 3)))



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 : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: BART@CLAIMBENDER.COM

FLORIDA LIMITED LIABILITY CO. **Bart Lester Insurance LLC** Certificate of Status Certified Copy Page Count 0.3Estimated Charge \$130.00

Electronic Filing Menu Corporate Filing Menu

Help

DocuSign Envelope ID: B541DC49-75A8-4214-8E36-FC14D3C0159D

H23000047851

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	N	ame:
---------	---	------

The name of the Limited Liability Company is:

Bart Lester Insurance LLC

(Must end with 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:

8230 Residence Court

8230 Residence Court

Fernandina Beach, FL 32034

Fernandina Beach, FL 32034

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:

Barton Lester Jr.

Name

8230 Residence Court

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

Fernandina Beach

Fr 3203

City

Zip

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..

DocuBigned by

Registered Agent & Signature (REQUIRED)

Barton Lester Jr.

(CONTINUED)

Page Lof 2



DocuSign Ehveldpe ID: 8541DC49-75A8-4214-8E36-FC14D3C0159D

H23000047851

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Barton Lester
- TANDIA	8230 Residence Court
	Fernandina Beach, FL 32034

(Use attachment if necessary)	
ective date is listed, the date must be sof filing.) E.VI: Other provisions, if any.	te of filing:
ective date is listed, the date must be sof filing.) E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 o
ective date is listed, the date must be sof filing.) E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 o
ective date is listed, the date must be sof filing.) E.VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 o
ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false is	specific and cannot be more than five business days prior to or 90 o
ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false is	Barlow USLY member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false is	Barlow Will member or an authorized representative of a member. in 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false:	Barton Lester Typed or printed name of signee Barton Lester Typed or printed name of signee Barton Lester Typed or printed name of signee
ective date is listed, the date must be sof filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false is	Barton Lester Typed or printed name of signee Barton Lester Typed or printed name of signee Barton Lester Typed or printed name of signee
ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false is	Barton Lester Typed or printed name of signee Barton Lester Typed or printed name of signee Barton Lester Typed or printed name of signee
ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false is	Barton Lester Typed or printed name of signee Barton Lester Typed or printed name of signee Barton Lester Typed or printed name of signee
ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false is	Barton Lester Typed or printed name of signee Barton Lester Typed or printed name of signee Barton Lester Typed or printed name of signee
ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false is	Barton Lester Consussigned by: Barton Lister Consussigned by: Barton Lester Consussigned by: Barton Lester Consussigned by: Consus