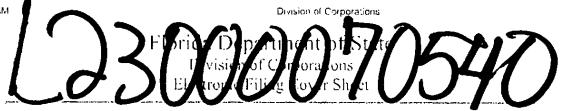
2/14/23, 11,35 AM



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.

(((H230000581213)))



H230000581213ABCVV

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

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address: CKhan@universalcasualty.com

### FLORIDA LIMITED LIABILITY CO.

# Lamplighter Claims Services LLC

Certificate of Status	0
Certified Copy	I
Page Count	0.3
Estimated Charge	\$155.00

Electronic Filing Menu — Corporate Filing Menu —

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Lamplighter Clashs Services LLC

(Must contain 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:

390 North Broadway, Suite #40 :	380 North Broadway, Suite #401		
Lericho, New York, 11753-2109 USA	Jencho, New York, 11753-2109 USA		

## 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 emity with an active Florida registration.)

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

	מואו	
1200 South Pine Island	Road	
Florida street addr	ess (P.O. Box <u>NOT</u> ac	(ceptable)
⊇lantation	RIONGS	33324 1
Gk⁄	State	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. Thereby accept the appointment as registered agent and agree to act in **Fis** 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 Clapter 605. FS

C T Corporation System  By:	CimanniaCAT	Christine Keirn Assestant Secretary
Registered Agent	's Signature (4 : (1)	HARD

(CONTINUED)

SECRETARY OF STATE TALLAHASSEF, FLORIDA

۸	K.	$\Gamma 1$	('	ı.	IV۰

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

Name and Address:
A Love By 2
Mr. Engoty Bank, Cestiam 390 Morth Brondany, Spila 2473
Jendrio, New York (19753-2109 USA
3, 600,000 37, 11002113333
NV Christopher T, Milkhon
380 North Broadway Surw #401
Jenutro Tiera York, 11753-2109 USA
Mr. Amittig B. Singt
360 North Bicartkay, Sure #401
Jencho, New Yuss, 17753-2129 USA
110.7
cof filing:
ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State c felony as provided for in s.817.155, F.S.
Upped or printed name of sign €
types of printed name of signer
PPP P

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- S 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)