

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L23000315583
FILED 8:00 AM
July 03, 2023
Sec. Of State
nculligan**

Article I

The name of the Limited Liability Company is:

POCKET POLICY LLC

Article II

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

149 SMITH LANE
SATSUMA, FL. US 32189

The mailing address of the Limited Liability Company is:

149 SMITH LANE
SATSUMA, FL. UN 32189

Article III

Other provisions, if any:

THE DEVELOPMENT OF CUSTOMER RELATIONSHIP SOFTWARE FOR
INSURANCE AGENTS

Article IV

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

DANIEL R MURAWSKY
149 SMITH LANE
SATSUMA, FL. 32189

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.

Registered Agent Signature: DANIEL MURAWSKY

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
ERIC HECHAVARRIA
109 SPLIT RAIL DR EXT
ASHEVILLE, NC. 28806 US

Title: MGR
DANIEL M MURPHY
501 ALEXANDER AVE
MORGANTON, NC. 28655 US

Title: MGR
DANIEL R MURAWSKY
149 SMITH LANE
SATSUMA, FL. 32189 US

Signature of member or an authorized representative

Electronic Signature: DANIEL MURAWSKY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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