

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

**L23000376089  
FILED 8:00 AM  
August 10, 2023  
Sec. Of State  
rlrichardson**

**Article I**

The name of the Limited Liability Company is:

COMMERCIAL INSURANCE AND EMPLOYEE BENEFITS, LLC

**Article II**

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

66 WEST FLAGLER STREET  
SUITE 900  
MIAMI, FL. 33130

The mailing address of the Limited Liability Company is:

P O BOX 74322  
NEW RIVER, AZ. 85087

**Article III**

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

JOSE OLIVARES  
66 WEST FLAGLER STREET  
SUITE 900  
MIAMI, FL. 33130

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: JOSE OLIVARES

## **Article IV**

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

Title: AMBR  
JOSE OLIVARES  
44047 N 43RD DRIVE UNIT 74322  
NEW RIVER, AZ. 85087

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Signature of member or an authorized representative

Electronic Signature: JOSE OLIVARES

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.