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from:

Division of Corporations

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Estimated Charge	\$130.00	

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ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY OF

VERIFINA INSURANCE, LLC.

ARTICLE I - Name

The name of the Limited Liability Company is:

VERIFINA INSURANCE, LLC.

ARTICLE II - Address

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

5600 NW 6th ST APT 23 MIAMI, FL 33126

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

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

ANGELES BLANCO 5600 NW 6th ST APT 23 MIAMI, FL 33126

Having been named as registered agent end to accept service of process for the above stated limited liability Company at the piace 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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

/ Angeles Blaco
Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

(x) The Limited Liability Company is to be managed by one manager or more managers and is, the refore, a manager – managed company.

Angeles Blanco

AMBR

5600 NW 6th ST Apt 23

Miami El 33126

Angeles Blanco

(In accordance with section 605.020(3), Florida Statutes, the execution of this document constitutes an affirmation under the panelties of perjury that the facts stated herein are true).

IN WITNESS WHEREOF, the undersigned has hereunto set their hands and seal this <u>January 4, 2024</u>, at Miami, FL US.

Angeles Blanco

STATE OF FLORIDA COUNTY OF DADE

Sworn and subscribed before me, this 4^{ln} of <u>January</u> of <u>2024</u>, at Miami, FL by Ms. Angeles Blanco, who personally known to me and presented her FDL No. B452-014-92-962-0 as identification.

Motary Public State of Florida

My Commission Expires:

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