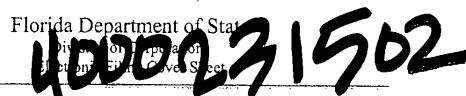
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Division of Corporations



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# FLORIDA LIMITED LIABILITY CO. STEFANO PUBLIC ADJUSTING LLC

Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

# STEFANO PUBLIC ADJUSTING 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:

1515 NE 19 AVE CAPE CORAL, FL. 33909 1515 NE 19 AVE CAPE CORAL, FL 33909

# 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:

**BRONSON S. STEFANO** Name 1515 NE 19 AVE Florida street address (P.O. Box NOT acceptable)

CAPE CORAL FI. 33909 City State Zip

Having been named as registered agent and to accept service of process for the chove 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 603, P.S..

75 2024 15 46 CD")

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" - Authorized Member "MGR" - Manager	Name and Address:
AMBR	BRONSON S. STEFANO 1515 NE 19 AVE CAPE CORAL, FL 33909
(Use attachment if necessary)	
CLE V: Effective date, if other than the da	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days
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