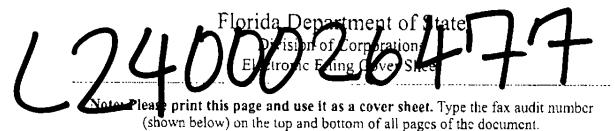
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Division of Corporations



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

To:

Division of Corporations

Fax Number : 😂 🐠 (850)617-6381

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112

: 🍑 🔆 (302)575-0875 : 🥯 🚉 (302)575-1642 fax Number

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

Email Address:___

FLORIDA LIMITED LIABILITY CO. Complete Senior Benefit East LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nune:

The name of the Limited I lability Company is:

COMPLETE SENIOR BENEFIT EAST LLC

(Must end with 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:

7701 Little Road Suite 202 New Port Richey Florida 34654 7701 Little Road Suite 202 New Port Richey Florida 34654

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limited Limited Company cannot serve as its own Registered Agent. You must designate an individual or another haviness entity with an active Florida registration.)

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

AGENTS AND CORPORATIONS, INC.

539 FIFTH AVENUE SOUTH SUITE 330 Florida street address (P.O. Box NOT acceptable)

NAPLES

ŀL

34102

City

Zip

Having heen numed as registered agen; and to accept vervice 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 this capacity. I further agree in 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 605, F.S..

Agents and Corporations, Inc.

Registered Agent's Signature (Required)

John L. Williams, President

(CONTINUED)

Page 1 of 2

JIVISION KARY OF SIAIE

JUN-12-2024 11:33 From: 302-575-1642 Page: 3/3

ARTICLE IV-

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

Title: Name and Address.

"AMBR" = Authorized Member "MGR" = Manager

MGR - NMS Insurance Group LLC

7701 Little Road Suite 202 New Port Richey Florida 34654

(Use attachment if necessary)

ARTICLE V. Effective date, if other than the date of filing:

.(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any,

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (h), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817.155, F.S.)

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)