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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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## FLORIDA LIMITED LIABILITY CO. BLUE DOVE INSURANCE LLC

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## Florida Department of State

## **Attention: New Filings Section**

To whom it may concern:

This is to advise that the owners of

Blue DOVE INSURANCE, INC.
of Document # P23 0000 81326

are the same owners of the attached articles. WANT To OPEN A"LLC" with Same Name

Thank you for your help in this matter.

Thanks,

YOSNIER RODRIGUEZ RODRIGUEZ

SECKETARY OF TAJE TIVISIONS TO BALLET

ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY EIN: 99-4289818

The name of the Limited Liability Company is:
Blue Dove INSURANCE LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
5080 E 4Th AVE SUITE B, Hialeah, FL 33013
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (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.)  YOSKIEY Rodviguez Rodviguez  6060 E 47h AVE SUITE B, Higlean, FL 330/3
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)  YOS NIEV RODVIQUEZ RODVIQUEZ (AMGR.)

Required Signatures:

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

In accordance with section 605.0203 (1) (b), 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 s.817.155, F.C.

Typed or printed name of signee

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 as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)