

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

**L24000449840
FILED 8:00 AM
October 22, 2024
Sec. Of State
adjohnson**

Article I

The name of the Limited Liability Company is:
ESSEX SHIELD INSURANCE SERVICES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1417 NORTH MAGNOLIA AVENUE
OCALA, FL. 34475

The mailing address of the Limited Liability Company is:
1417 NORTH MAGNOLIA AVENUE
OCALA, FL. 34475

Article III

The name and Florida street address of the registered agent is:
NATHAN SANDS
1417 NORTH MAGNOLIA AVENUE
OCALA, FL. 34475

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: NATHAN SANDS

Article IV

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

Title: PRES
NATHAN SANDS
1417 NORTH MAGNOLIA AVENUE
OCALA, FL. 34475

Title: VP
JAMES HARVIN
964 PEBBLEBROOK LANE
EAST LANSING, MI. 48823

Title: SEC
STEFANIE AVILA
2896 CHANNEL REEF AVE
TULARE, CA. 93274

Title: VP
ANTHONY WEEDON
815 EAST COUNTY DOWN DRIVE
CHANDLER, AZ. 85249

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Signature of member or an authorized representative

Electronic Signature: JAMES HARVIN

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.