Electronic Articles of Organization
For
Florida Limited Liability Company

L24000469089
FILED 8:00 AM
November 05, 2024
Sec. Of State
adjohnson

Article I

The name of the Limited Liability Company is:

DAVIS INSURANCE SOLUTIONS, LLC

Article II

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

1102 N MAIN ST
SUITE D
WILDWOOD, FL. US 34785

The mailing address of the Limited Liability Company is:

PO BOX 1333
WILDWOOD, FL. 34785

Article III

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

NICHOLE S OVERLA
701 PERKINS ST 202
LEESBURG, FL. 34748

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: NICHOLE OVERLA

Article IV

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

Title: AMBR
JOSHUA S DAVIS
7091 SW 3RD TERR
BUSHNELL, FL. 33513 US

Title: MGR
NICHOLE S OVERLA
701 PERKINS ST 202
LEESBURG, FL. 34748 US

Signature of member or an authorized representative

Electronic Signature: NICHOLE OVERLA

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.