

# L9800000067

*Bauer*  
*398 Camino Gardens Blvd. #108*  
*Boca Raton, FL 33432*

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
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- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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-01/08/98--01039--001  
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Name Availability	<i>OK</i>
Document Examiner	<i>OK</i>
Updater	<i>OK</i>
Updater Verifier	<i>OK</i>
Acknowledgement	<i>OK</i>
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Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

January 13, 1998

BAUR  
398 CAMINO GARDENS BLVD., SUITE 108  
BOCA RATON, FL 33432

SUBJECT: CAMINO INSURANCE AGENCY LLC  
Ref. Number: W98000000818

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We have received your document for CAMINO INSURANCE AGENCY LLC and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 798A00001886

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
**CAMINO INSURANCE AGENCY LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 398 West Camino Gardens Blvd.  
Boca Plaza V, Suite 108  
Boca Raton, FL 33432

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be: 20 YEARS

**ARTICLE IV - Management:**

(check and complete the appropriate statement)

- ☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:  
Joel Stewart  
398 West Camino Gardens Blvd.  
Boca Plaza V, Suite 108  
Boca Raton, FL 33432

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be determined by the Managing Member.

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:  
Appointed at the time of death, retirement, etc., by the remaining member **Camino Realty**.

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of  
**CAMINO INSURANCE AGENCY LLC.**, deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$100.00
- 3) if any, the agreed value of property other than cash contributed  
by member(s) is \$100.00
- 4) the amount of cash or property anticipated to be contributed by  
member(s) is \$
- 5) the total amount of 2, 3, and 4 is \$ 200.00

*Joel Stewart*  
*Joel Stewart*

Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the  
execution of this affidavit constitutes an affirmation under the  
penalties of perjury that the facts stated herein are true.)

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 908.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1) The name of the limited liability company is:  
**CAMINO INSURANCE AGENCY LLC**

2) The name and address of the registered agent and office is:

Robert L. Dotey  
c/o Camino Realty  
398 West Camino Gardens Blvd.  
Boca Plaza V, Suite 108  
Boca Raton, FL 33432

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*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.*

Joel Stewart  
Signature

12/5/97  
Date

Joel Stewart