

L98000002041

Tim Schoenwalder

Requestor's Name

HGSS, 123 S. Calhoun Street

Address

Tallahassee, FL 32314 850.

City/State/Zip

Phone #

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Office Use Only

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

1. Ikona Insurance Group, L.L.C. Art of Org, etc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time 9:00 9/30

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SEP 29 AM 8:48  
TALLAHASSEE, FL 32304  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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Any Problems Please  
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425-2342  
Demetri

Examiner's Initials

**ARTICLES OF ORGANIZATION OF  
IKON INSURANCE GROUP, L.L.C.**

**ARTICLE I**

**Name**

The name of the limited liability company ("Company") is Ikon Insurance Group, L.L.C.

**ARTICLE II**

**Address**

The mailing and street address of the Company's principal office is: 1101 30th Street N.W., Suite 220, Washington, D.C. 20007.

**ARTICLE III**

**Duration**

The Company shall begin existence upon the filing of these Articles of Organization with the Florida Department of State. The Company shall have perpetual existence.

**ARTICLE IV**

**Registered Agent and Office**

The name of the Company's initial registered agent in Florida is: Timothy G. Schoenwalder, Esquire. The address of the Company's registered office is: 123 South Calhoun Street, Tallahassee, Florida 32301.

**ARTICLE V**

**Management**

The management of the Company is vested in Managers who may or may not be Members of the Company. The powers and duties of the Managers are as set forth in the Company's Regulations. Each initial manager will serve until the first annual meeting of the Members or until his/her successor is elected and qualified. The initial Managers are:

William von Raab, whose address is 1101 30th Street N.W., Suite 220, Washington, D.C. 20007.

Michael Martens, whose address is 2809 Morning Glory Lane, Davie, Florida 33328.

Edward Stucky, whose address is 1101 30th Street N.W., Suite 220, Washington, D.C. 20007.

## ARTICLE VI

### Admission of New Members

The members may admit to the Company additional member(s) to share in the profits, losses, available cash flow, and ownership of assets of the Company on such terms as are determined by members then holding a majority interest in the Company. Admission of any additional member(s) requires the written consent of all members. Any such additional members will be allocated gain, loss, income, or expense by the method provided in the Company's regulations ("Regulations").

## ARTICLE VII

### Continuation of Business

The death, retirement, resignation, bankruptcy or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member in the Company shall not dissolve the Company.

## ARTICLE VIII

### Amendment of the Articles

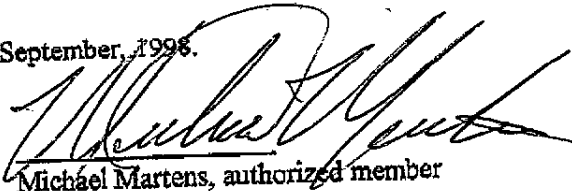
These Articles may be altered, amended, or repealed in whole or in part by vote of members then holding a majority interest in the Company, provided that any such changes shall be consistent with the laws of Florida which define, limit or regulate the powers of the Company or the members of the Company. An amendment shall become and be taken as part of these Articles of Organization upon its filing with the Florida Department of State.

## ARTICLE IX

### Indemnity

To the fullest extent permitted by the Laws of Florida, as the same may be from time to time amended, but subject to all restrictions set forth therein, the Company shall indemnify, hold harmless, and advance expenses to any person, his or her heirs, personal representative, executor, administrator or guardian who was or is a party to any proceeding, as defined in the statutes, by reason of the fact that he or she was a member or manager of the Corporation, against liability as defined in the Regulations, expenses as defined in the Regulations and amounts paid in settlement incurred in connection with such proceeding, including any appeal thereof.

Executed and dated this 24th day of September, 1998.

  
Michael Martens, authorized member  
Dayle, Florida

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Ikon Insurance Group, L.L.C.
2. The name and the Florida street address of the registered agent are:

Timothy G. Schoenwalder, Esquire  
Hopping Green Sams & Smith, P.A.  
123 South Calhoun Street  
Tallahassee, Florida 32301

*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.*



\_\_\_\_\_  
Timothy G. Schoenwalder, Esquire

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TALLAHASSEE, FLORIDA

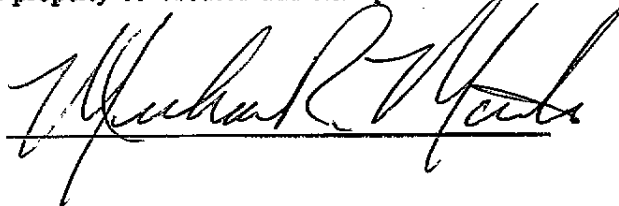
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**Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of Ikon Insurance Group, L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the members is \$300.00;
- 3) the agreed value of property other than cash contributed by members is \$0; (A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by members is \$300.00.



(In accordance with §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.)

Michael Martens

Typed or printed name of signee

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