WE UNITED STAT		000	5	898
CORPORATION COMPANY	ACCOUNT NO. : REFERENCE : AUTHORIZATION : COST LIMIT :	Patricia	252 Figurts	
	: August 30, 1 : 12:42 PM	999		
	: 358830-005		400	002975004-
CUSTOMER NO	O: 5030952			
CUSTOMER:	Ms. Penny Arbul PHILLIPS EISING PHILLIPS EISING Suite 265 South 4000 Hollywood Hollywood, FL	ER & KOSS, ER & KOSS, Boulevard		L99-589 Name Availability
	DOMESTIC	FILING		
NAM	E: NEW MILLE COMPANY,	NIUM INSURANCE	- 	Updater Vorlater Vorlater
	EFFECTIVE	DATE:		Arknowledged Unit
	CLES OF INCORPOR IFICATE OF LIMIT			W P. Verlyark
PLEASE RET	URN THE FOLLOWIN	IG AS PROOF OF F	ILING:	99 A
XX PL	RTIFIED COPY AIN STAMPED COPY RTIFICATE OF GOO		•	AUG 31 PH 1:
CONTACT PE	RSON: Tamara Od	lom EXAMINER'S	INITIALS:	VED FILED PM 1:33, 1, 115 31 PH 5: 00 OF STATES CRETARY OF STATE REPORTIONS CRETARY OF STATE



**Katherine Harris** Secretary of State

submission date as file date. FLORIDA DEPARTMENT OF STATE Please give original submission date as Greek

Please give original

August 31, 1999

TAMARA ODOM CSC

SUBJECT: NEW MILLENIUM INSURANCE COMPANY, LLC Ref. Number: W99000020249

We have received your document for NEW MILLENIUM INSURANCE COMPANY, LLC and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

Chapter 628, Florida Statutes, requires all insurers in Florida to list the Insurance Commissioner as their registered agent. The registered office address is: Capitol Bidg., Tallahassee, FL 32301.

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: 199A00043475

50b  $\frac{\omega}{2}$ чı 3

# **ARTICLES OF ORGANIZATION**

## FOR

## NEW MILLENIUM INSURANCE COMPANY, L.L.C.

Ι.

#### <u>NAME</u>

The name of the limited liability company (the "Company") is

# NEW MILLENIUM INSURANCE COMPANY, L.L.C.

II.

#### DURATION

The period of duration of the Company is perpetual unless terminated pursuant to

its Regulations.

# Ш.

#### **BUSINESS ADDRESS**

The mailing address and principal place of business of the Company is 12608 N.W.

11th Court, Sunrise, Florida 33323.

## IV.

#### **REGISTERED AGENT**

The name and address of the initial registered agent of the Company in the State of Florida is Gary S. Phillips, Esq., 4000 Hollywood Boulevard, Suite 265-South, Hollywood, Florida 33021.

19631 PH 5:00 FILED

#### ADDITIONAL MEMBERS

The Company shall initially have five (5) Members. No additional Members shall be added except by consent of the owners of a majority of the Membership Interests in the Company.

#### VI.

#### **CONTINUITY OF BUSINESS**

The right, if given, of the remaining Members of the 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 Company shall be as set forth in the Regulations of the Company.

VII.

#### MANAGEMENT

Subject to the right(s) of the Members to elect a Manager or Managers as set forth in the Regulations of the Company, the day-to-day management of the Company is to be managed by a Manager, whose name and mailing address is:

RON PRUPIS

12608 N.W. 11th Court Sunrise, Florida 33323

> FILED 99 AUG 31 PM 5: 00 SCORELARY OF STATE

# VIII. SUBSCRIBER

The name and address of the person executing these Articles of Organization as a Member of the Company is GARY S. PHILLIPS, 4000 Hollywood Boulevard, Suite 265-South, Hollywood, Florida 33021.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this  $26^{44}$  day of <u>August</u>, 1999. //

GARKS. PH

STATE OF FLORIDA ) :ss COUNTY OF BROWARD )

BEFORE ME, a Notary Public authorized in the County and State set forth above, personally appeared GARY S. PHILLIPS, personally known to me, or who has produced as identification, to be the person who, as a Member, executed the foregoing Articles of Organization of NEW MILLENIUM INSURANCE COMPANY, L.L.C., and he acknowledged before me that he executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State last aforesaid, this  $26^{4/2}$  day of <u>August</u>, 1999.

-3-

ANDREW I. LEWIS Y COMMISSION # CC 563631 XPIRES: June 19, 2000

My Commission Expires:

IPS

NOTARY PUBLIC - State of Florida

ු

18 Silv

b¥ 2 Π

ANDREW J. LEWIJ

Name of Notary - Please Print

## ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED COMPANY, AT THE PLACE DESIGNATED IN ARTICLE IV OF THESE ARTICLES OF ORGANIZATION, THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT HE IS FAMILIAR WITH, AND ACCEPTS, THE OBLIGATIONS OF THAT POSITION, AND FURTHER AGREES TO ACT IN THIS CAPACITY, AND TO COMPLY WITH THE COMPLETE DISCHARGE OF HIS DUTIES.

DATED THIS 26th DAY OF \_ AUGUST , 1999. LIPS, ESQ. GARY s. phi



## AFFIDAVIT OF LIMITED LIABILITY COMPANY

The undersigned, on behalf of all the Members of NEW MILLENIUM INSURANCE COMPANY, L.L.C., a Florida limited liability company (the "Company"), certifies as follows:

- 1. The Company has at least one (1) Member.
- 2. The amount of cash contributed by the Members to date is \$0.00.
- 3. The property other than cash contributed by the Members is \$0.00.
- 4. The total additional amount anticipated to be contributed by the Members is \$250,000.00, however, if any additional contributions above said amount are ever made, at such time a supplemental affidavit will be filed with the Department of State of the State of Florida, Division of Corporations, amending this Affidavit to reflect the additional contributions by the members.

This  $26^{th}$  day of <u>AUGUST</u>, 1999.

FURTHER AFFIANT SAYETH NAUGHT.

Under penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

ILLIPS, Member

FILED

realdocs\lewis\forms\llc.aff