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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : FLORIDA ENTREPRENEUR LAW, P.A.  
Account Number : I20190000063  
Phone :  
Fax Number (954)882-4119 :  
(954)400-5096

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ramong@floneinsurance.com

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2022 JAN 13 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JAN 13 PM 7:16

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FLORIDA LIMITED LIABILITY CO.  
FLORIDA ONE INSURANCE FRANCHISING, LLC

HL

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: FLORIDA ONE INSURANCE FRANCHISING, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle K. Suarez, Esq.

Name of Person

Florida Entrepreneur Law, P.A.

Firm/Company

101 NE 3rd Ave., Suite 1500

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

ramong@floneinsurance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Suarez at ( 954 ) 882-4119  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA ONE INSURANCE FRANCHISING, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5979 NW 151 St, Suite 200
Miami Lakes, FL 33014

5979 NW 151 St, Suite 200
Miami Lakes, FL 33014

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Florida Entrepreneur Law, P.A.
Name
101 NE 3rd Ave., Suite 1500
Florida street address (P.O. Box NOT acceptable)
Fort Lauderdale FL 33301
City State Zip

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 as provided for in Chapter 605, F.S.

1s/ [Signature]
Registered Agent's Signature (REQUIRED)

Michelle K. Suarez, authorized officer signing on behalf of
Florida Entrepreneur Law as Registered Agent.
(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

RAMON GONZALEZ  
5979 NW 151 St, Suite 200  
Miami Lakes, FL 33014

AMBR

DAVID RODRIGUEZ  
5979 NW 151 St, Suite 200  
Miami Lakes, FL 33014

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/13/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

/s/ Ramon Gonzalez (electronically signed)

**Signature of a member or an authorized representative of a member.**  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any 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.

Ramon Gonzalez

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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