

Division of Corporations

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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 : FL PATEL LAW PLLC  
Account Number : I20170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

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

Support@flpatellaw.com

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**FLORIDA LIMITED LIABILITY CO.  
Treasure Chest Insurance, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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**COVER LETTER**

**Monday, August 29, 2022**

To: New Filing Section  
Division of Corporation

**Subject:**  
**TREASURE CHEST INSURANCE, 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:

**FL Patel Law PLLC**  
360 Central Avenue  
8<sup>th</sup> Floor  
St. Petersburg, Florida 33701  
Fax: 727-888-1294

**For further information concerning this matter, please call or e-mail:**  
Jamie Primeau 727-279-5037 or e-mail at Support@flpatellaw.com

**Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status**

**FL Patel Law PLLC**

FILED  
 2022 AUG 31 AM 7:16  
 DIVISION OF STATE  
 CORPORATION

**ARTICLES OF ORGANIZATION**  
**FOR**  
**TREASURE CHEST INSURANCE, LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**

**Name**

The name of the Limited Liability Company is: Treasure Chest Insurance, LLC (the "Company").

**ARTICLE II.**

**Address**

The principal office and mailing address of the Company is:

3665 East Bay Dr, Suite 204, #249  
Largo FL 33771

**ARTICLE III.**

**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC  
360 Central Avenue  
Suite 800  
Saint Petersburg, FL 33701

*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.*

*Ada Reyes*

(sign)

FLP RA Services LLC

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 STATE OF FLORIDA  
 FILED

**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
<b>AMBR = Authorized Member</b> <b>MGR = Manager</b>	
<u>MGR</u>	Chris Jorgensen 3665 East Bay Dr, Suite 204, #249 Largo FL 33771

**ARTICLE V.**

The Effective date shall be the date of filing.



(sign)

**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.

Chris Jorgensen

Authorized Representative/Member

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA