

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L25000035070
FILED 8:00 AM
January 03, 2025
Sec. Of State
adjohnson

Article I

The name of the Limited Liability Company is:

PAUL INSURANCE AGENCY, LLC

Article II

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

5889 S WILLIAMSON BLVD
1414
PORT ORANGE, FL. US 32128

The mailing address of the Limited Liability Company is:

5889 S WILLIAMSON BLVD
1414
PORT ORANGE, FL. US 32128

Article III

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

SAMUEL PAUL
5889 S WILLIAMSON BLVD
1414
PORT ORANGE, FL. 32128

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.

Registered Agent Signature: SAMUEL PAUL

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
SAMUEL PAUL
5889 S WILLIAMSON BLVD STE 1414
PORT ORANGE, FL. 32128 US

Title: MGR
GARY PAUL
5889 S WILLIAMSON BLVD STE 1414
PORT ORANGE, FL. 32128 US

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Article V

The effective date for this Limited Liability Company shall be:

12/31/2024

Signature of member or an authorized representative

Electronic Signature: SAMUEL PAUL

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

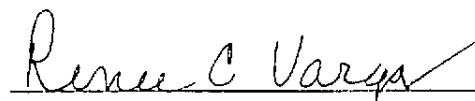
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AFFIDAVIT

1. **Identity of Affiant:** I, Gary Paul, am the Former Owner/ President of the business entity known as Paul Insurance Agency, Inc., which was previously registered with the state of Florida and has since been dissolved.
2. **Acknowledgment of Dissolution:** I acknowledge that the name of Paul Insurance Agency, Inc., is still recorded with the state of Florida due to the dissolution of the entity, and as such, the name is currently unavailable for use by any other business entity.
3. **Statement of Intent:** I affirm that I have no intention of reinstating or reactivating Paul Insurance Company, Inc., in any capacity with the state of Florida. Furthermore, I have no intention of taking any action to revive or reinstate the dissolved entity.
4. **Request for Name Release:** I request the state of Florida to release the name Paul Insurance Agency, for use by the new business entity, Paul Insurance Agency, L.L.C., which I am currently in the process of registering with the state.
5. **Verification:** I understand that this affidavit is being provided to the state of Florida to confirm that I have no plans to reinstate the dissolved entity, thereby enabling the release of the name for use by my new entity. I hereby declare that the information provided in this affidavit is true and correct to the best of my knowledge and belief.


Gary Paul

Signed and affirmed under penalty of perjury before me on this 22 day of January 2025.


Notary Public

