

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

L25000068312
FILED 8:00 AM
February 10, 2025
Sec. Of State
fjeggleson

Article I

The name of the Limited Liability Company is:

SANDERS INSURANCE SOLUTIONS, LLC

Article II

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

6136 ROUND LAKE ROAD NORTH
JACKSONVILLE, FL. 32277

The mailing address of the Limited Liability Company is:

6136 ROUND LAKE ROAD NORTH
JACKSONVILLE, FL. 32277

Article III

Other provisions, if any:

PROVIDE HEALTH AND LIFE INSURANCE PRODUCTS TO CONSUMERS

Article IV

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

DOMINIQUE D SANDERS
6136 ROUND LAKE ROAD
JACKSONVILLE, FL. 32277

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: DOMINIQUE SANDERS

Article V

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

Title: MGR
DOMINIQUE D SANDERS
6136 ROUND LAKE ROAD
JACKSONVILLE, FL. 32277

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Article VI

The effective date for this Limited Liability Company shall be:

02/08/2025

Signature of member or an authorized representative

Electronic Signature: DOMINIQUE SANDERS

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.