

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

**L25000158915
FILED 8:00 AM
April 02, 2025
Sec. Of State
vherring**

Article I

The name of the Limited Liability Company is:
ADVOCATE INSURANCE SOLUTIONS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
38032 POSTAL DRIVE
2139
ZEPHYRHILLS, FL. US 33539

The mailing address of the Limited Liability Company is:
38032 POSTAL DRIVE
2139
ZEPHYRHILLS, FL. US 33539

Article III

The name and Florida street address of the registered agent is:
CARIDAD GARZA-MORENO
6418 SUSHI CT
WESLEY CHAPEL, FL. 33545

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: CARIDAD GARZA-MORENO

Article IV

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

Title: AMBR
CARIDAD GARZA-MORENO
38032 POSTAL DRIVE, 2139
ZEPHYRHILLS, FL. 33539

L25000158915
FILED 8:00 AM
April 02, 2025
Sec. Of State
vherring

Article V

The effective date for this Limited Liability Company shall be:

04/01/2025

Signature of member or an authorized representative

Electronic Signature: CARIDAD GARZA-MORENO

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.