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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

# ELECTIONEERING COMMUNICATION STATEMENT OF ORGANIZATION

(PLEASE TYPE)

OFFICE USE ONLY

<b>1. Full Name of Organization</b> Miami-Dade County Insurance Companies ECO		Telephone (305) 731-5171	
Mailing Address (include city, state and zip code) Post Office Box 191328 Miami Beach, FL 33119			
Street Address (include city, state and zip code) 201 South Biscayne Boulevard, Miami FL 33131			
<b>2. Affiliated or Connected Organizations</b>			
Name of Affiliated or Connected Organization		Mailing Address	Relationship
None			
<b>3. Area, Scope and Jurisdiction of the Organization</b> Miami-Dade County. We support or oppose the issues and the constitutional amendments from the Miami-Dade County.			
<b>4. Identify by Name, Address &amp; Position, the Custodian of Books &amp; Accounts for the Organization</b>			
Full Name	Mailing Address	Street Address	Title or Position
Joshua Larose	Post office Box 191328 Miami Beach, FL 33119	5401 Collins Avenue Miami Beach, FL 33140	Treasurer
<b>5. This Organization was formed (check applicable box): (Calendar quarters end the last day of March, June, September, and December.)</b>			
<input checked="" type="checkbox"/> As a newly created organization during the current calendar quarter.			
<input type="checkbox"/> From an organization existing prior to the current calendar quarter.			

**6. List By Name, Mailing and Street Address, & Position, Other Principal Officers, including the treasurer and deputy treasurer, if any. Include the top-ranking officer's (e.g., chairperson) name and information.**

Full Name	Mailing Address	Street Address	Title or Position
Joshua Larose	Post Office Box 191328 Miami Beach, FL 33119	5401 Collins Avenue Miami Beach, FL 33140	Chairman

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**7. In the Event of Dissolution, What Disposition will be Made of the Residual Funds?**

We will donate the money to the charitable organizations of America

**8. List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Electioneering Communications**


Name of Bank or Depository	Mailing Address
Bank of America	1414 Alton Road Miami Beach, FL 33139

**9. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any**

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
None			

STATE OF FLORIDA MIAMI-DADE COUNTY

I, Joshua Larose, certify that the information in this Statement of Organization is complete, true, and correct.

**X**   
Signature of Top-ranking Principal Officer of Organization

01/04/2011  
Date

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**  
(Section 106.022, F.S.)

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- Original Appointment       Change of Appointment  
 Change of Mailing Address       Change of Physical Address

**Registered Agent and Office Information**

Name **Joshua Larose** Telephone **(305) 731-5171**

Street Address **5401 Collins Avenue**

City **Miami Beach** State **FL** Zip Code **33140**

Mailing Address **Post Office Box 191328**

City **Miami Beach** State **FL** Zip Code **33119**

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the Division of Elections.

01/04/2011

Signature of Registered Agent

Date

**Former Registered Agent and Office Information (for changes only)**

Name Telephone

Street Address

City State Zip Code

**Committee or Organization Information**

Name of Committee or Organization  
**Miami-Dade County Insurance Companies ECO**

Street Address **201 South Biscayne** Telephone **(305) 731-5171**

City **Miami** State **FL** Zip Code **33131**

Committee or organization is registered with:

- Division of Elections       County **Miami-Dade**       City \_\_\_\_\_

Signature of Chairperson

Economist Joshua Larose

01/04/2011

Print Name of Chairperson

Date



**Receipt of Handbook and the  
Election Laws of the State of Florida**



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**Candidate/Chairperson:**

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

Joshua		Larose
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>

Miami-Dade County Insurance Companies ECO  
Office Sought / Organization

**This is to acknowledge my receipt of the following documents:**

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Received by:** \_\_\_\_\_  
  
Candidate/Chairperson Signature

**Date:** 01/04/2011

**Phone No.:** (305) 731-5171      **Fax No.:** \_\_\_\_\_

**E-mail address:** joshualarosefordademayor@gmail.com