

L04000079065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

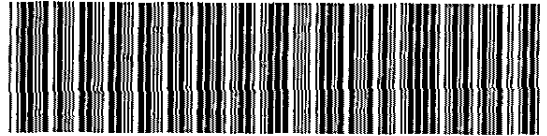
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11/02/04--01002--001 \*\*125.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

04 NOV - 1 PM 3: 04

RECEIVED

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH  
DATE: 11/1/04  
REF. #: 0478.31351  
CORP. NAME: GHG INSURANCE, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 510197 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
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| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
GHG INSURANCE, LLC**

**A FLORIDA LIMITED LIABILITY COMPANY**

**\*\*\***

**ARTICLE I  
NAME**

The name of this limited liability company is GHG INSURANCE, LLC

**ARTICLE II  
DURATION**

The Company's duration shall be perpetual unless sooner dissolved.

**ARTICLE III  
PRINCIPAL OFFICE**

The mailing address and the street address of the principal office of the Company is 751 Oak Street, Ste. 100, Jacksonville, FL 32204.

**ARTICLE IV  
REGISTERED OFFICE AND AGENT**

The initial registered office of the Company is 841 Prudential Drive, Suite 1400, Jacksonville, Florida 32207, and its initial registered agent is Stoneburner, Berry & Simmons, P.A.

**ARTICLE V  
PURPOSE AND POWERS**

The Company is organized with a general business purpose, has all powers provided by law and may use those powers to any lawful purpose.

**ARTICLE VI**  
**ADMISSION OF NEW MEMBERS**

The Company may admit new members as provided in the Company's Regulations.

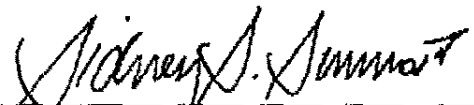
**ARTICLE VII**  
**CONTINUATION OF BUSINESS**

The remaining Members of the Company may continue its business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued membership of the Member in the Company as provided in the Regulations of the Company.

**ARTICLE VIII**  
**RELATIONSHIP OF ARTICLES OF ORGANIZATION TO REGULATIONS**

If a provision of these Articles of Organization differs from a provision of the Company's Regulations, then, to the extent allowed by law, the Regulations will govern.

IN WITNESS WHEREOF, the undersigned has duly executed these Articles of Organization as of this 29<sup>th</sup> day of October, 2004.

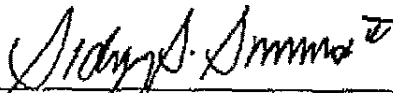
  
\_\_\_\_\_  
Sidney S. Simmons, II  
Authorized Representative

**CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND REGISTERED  
AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

In compliance with Sections 608.415 and 608.507, Florida Statutes, the following is submitted:

GHIG INSURANCE, LLC, desiring to organize or qualify under the laws of the State of Florida hereby designates Stoneburner, Berry & Simmons, P.A. as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 841 Prudential Drive, Suite 1400, Jacksonville, Florida 32207.

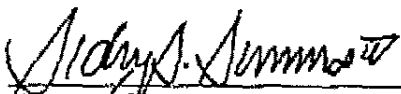
DATED this 29<sup>th</sup> day of October, 2004.

  
\_\_\_\_\_  
Sidney S. Simmons, II  
Authorized Representative

Having been named as registered agent to accept service of process for the above stated Company, at the place designated in this certificate, I hereby agree to 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.

DATED this 29<sup>th</sup> day of October, 2004.

STONEBURNER, BERRY &  
SIMMONS, P.A.

By:   
\_\_\_\_\_  
Sidney S. Simmons, II  
Its Vice President