# 105000049332

(Peguestor's Name)		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:  SIG		



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## HONIGMAN

Gayle C. Aiken

(313) 465-7208 Fax: (313) 465-7209 gaiken@honigman.com

Honigman Miller Schwartz and Cohn LLP Attorneys and Counselors

May 11, 2005

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Re: RJB Insurance LLC

Dear Sir/Madam:

Enclosed for filing are Articles of Organization for RJB Insurance LLC together with our check in the amount of \$150.00 to cover the filing fee and fee for one certified copy.

Please return all correspondence concerning this matter to the following:

Gayle C. Aiken Honigman Miller Schwartz and Cohn LLP 2290 First National Building 660 Woodward Avenue Detroit, MI 48226-3506

If you have any questions or problems with regard to this request, please contact the undersigned by telephone call to (313) 465-7208.

Thank you for your assistance and cooperation.

Very truly yours,

Gayle C. Aiker

Paralegal

Enclosures

DETROIT.1801974.1

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:			
RJB Insurance LLC				
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Comp	pany is	<b>š</b> :	
Principal Office Address:	Mailing Address:			
516 Lakeview Road, Villa III	516 Lakeview Road, Villa III			
Clearwater, FL 33756	Clearwater, FL 33758			
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's Signature:	-	05 MAY	
The name and the Florida street address of the registered agent are:			12	
Robert J. Banks			-21 -21	
Na	ne		دي	
516 Lakeview Road, Villa III			25	
Florida street address (P.O. Box NOT acceptable)		>		
Clearwater, FL 33756	<u>FL</u>			
City, Stat	e, and Zip			

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

### ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" – Manager "MGRM" = Managing Member	Name and Address:
MGRM	Robert J. Banks Holdings LLC
	516 Lakeview Road, Villa III
	Clearwater, FL 33756
(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert J. Banks, Authorized Representative

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 3 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)