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Division of Corporations
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Account Name : GERALD WEINBERG, P.C.
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Phone : (800) 342-9856
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

COMPASS INSURANCE SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMPASS INSURANCE SERVICES, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

13 TALAVERA PLACE
PALM BEACH GARDENS, FL 33418

Mailing Address:

13 TALAVERA PLACE
PALM BEACH GARDENS, FL 33418

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ELLIOT FIXLER, ESQ.
Name

109 VIA PARADISIO
Florida street address (P.O. Box **NOT** acceptable)

PALM BEACH GARDENS FL 33418
City, State, and Zip

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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.

Elliot Fixler
Registered Agent's Signature (REQUIRED)

(H070001549693)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

LIDA MYERS

13 TALAVERA PLACE

PALM BEACH GARDENS, FL 33418

MGRM

SHARON PETILLO

205 OLD MEADOW WAY

PALM BEACH GARDENS, FL 33418

MGRM

LORRAINE FIXLER

109 VIA PARADISIO

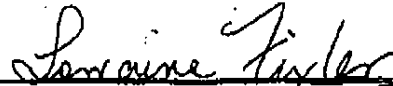
PAL BEACH GARDENS, FL 33418

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

LORRAINE FIXLER

Typed or printed name of signee

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