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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

Effective Date 06/03/09

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

A & A Insurance Solutions L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. BRYAN

JUN - 4 2009

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A & A Insurance Solutions L.L.C.

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

ARTICLE II - Address:

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

Principal Office Address:210 SW 13 AveMiami, FL 33135Mailing Address:210 SW 13 AveMiami, FL 33135

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.)

Effective Date 06/03/09

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

Albert Y. Mendez Pupo

Name

210 SW 13 AveFlorida street address (P.O. Box ~~NOT~~ acceptable)Miami, FL 33135

City, State, 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 (REQUIRED)

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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:**Manager**Albert Y. Mendez Pupo210 SW 13 AveMiami, FL 33135**Manager**Aniurys Fernandez Suarez210 SW 13 AveMiami, FL 33135

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06/03/2009. (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.)

Albert Y. Mendez Pupo

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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