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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
JV & CM INSURANCE AGENCY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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EXAMINER

FEB 4 2014

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H14000026283

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
1-29-2014

JV & CM Insurance Agency, 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:

1413 N. Krome Avenue
Homestead, Florida 33030

Mailing Address:

1413 N. Krome Avenue
Homestead, Florida 33030

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:

Juana D. Valdes

Name

143 Rosales Court

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

Coral Gables FL 33143

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 605 F.S.

Juana D. Valdes
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGRM

Juana D. Valdes

143 Roselea Court

Coral Gables, Florida 33143

MGRM

Claudia Facci Martinez

17997 SW 15A Street

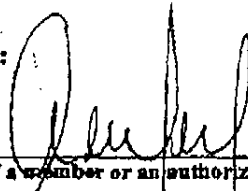
Miami, Florida 33187

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 29, 2014 (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 605 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Claudia Facci Martinez

Typed or printed name of signee

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