

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L18000182377  
FILED 8:00 AM  
July 30, 2018  
Sec. Of State  
tbcollins

**Article I**

The name of the Limited Liability Company is:  
ASSOCIATION INSURANCE SERVICES LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
9050 PINES BOULEVARD  
SUITE 480  
PEMBROKE PINES, FL. UN 33024

The mailing address of the Limited Liability Company is:  
9050 PINES BOULEVARD  
SUITE 480  
PEMBROKE PINES, FL. UN 33024

**Article III**

Other provisions, if any:  
FOR ANY AND ALL LEGAL BUSINESS

**Article IV**

The name and Florida street address of the registered agent is:  
FLORIDA FIDELITY INSURANCE GROUP LLC  
9050 PINES BOULEVARD  
SUITE 480  
PEMBROKE PINES, FL. 33024

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.

Registered Agent Signature: JONATHAN LOUIS

## Article V

The name and address of person(s) authorized to manage LLC:

Title: MGRM  
JAMES C HARTMAN  
9050 PINES BOULEVARD STE 480  
PEMBROKE PINES, FL. 33024 UN

Title: MGRM  
ALAN S CHESLER  
9050 PINES BOULEVARD STE 480  
PEMBROKE PINES, FL. 33024 UN

Title: MGR  
JONATHAN LOUIS  
9050 PINES BOULEVARD STE 480  
PEMBROKE PINES, FL. 33024 UN

Title: MBR  
FLORIDA FIDELITY INSURANCE GROUP LLC  
9050 PINES BOULEVARD STE 480  
PEMBROKE PINES, FL. 33024 UN

## Article VI

The effective date for this Limited Liability Company shall be:

08/01/2018

Signature of member or an authorized representative

Electronic Signature: JONATHAN LOUIS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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