

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

**L16000164311
FILED 8:00 AM
August 12, 2016
Sec. Of State
tscott**

Article I

The name of the Limited Liability Company is:
PENINSULA INSURANCE BUREAU, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
6065 NW 167TH ST.
SUITE B-1
HIALEAH, FL. US 33015

The mailing address of the Limited Liability Company is:
6065 NW 167TH ST.
SUITE B-1
HIALEAH, FL. US 33015

Article III

Other provisions, if any:
ALL LAWFUL BUSINESS

Article IV

The name and Florida street address of the registered agent is:
KEVIN P DONAGHY
195 WEKIVA SPRINGS ROAD
SUITE 224
LONGWOOD, FL. 32779

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: KEVIN P. DONAGHY

Article V

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

Title: AMBR
JOSE A PALACIOS
6065 NW 167TH ST. SUITE B-1
HIALEAH, FL. 33015

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Article VI

The effective date for this Limited Liability Company shall be:

08/12/2016

Signature of member or an authorized representative

Electronic Signature: KEVIN DONAGHY

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.

L16000164311

**Peninsula Insurance Bureau, Inc.
6065 NW 167th St. Suite B-1
Hialeah, Florida 33015**

Via Facsimile

850-245-6804

Attn: Tyrone Scott

Re: Document Number: W16000056502
Entity Name: PENINSULA INSURANCE BUREAU, LLC
Tracking Number: 800289041778
Pin Number: 1778

Dear Mr. Scott:

I am one of the owners of

Peninsula Insurance Bureau, Inc. Document L49691

The owners of Peninsula Insurance Bureau, Inc. are the same owners as
the owners of

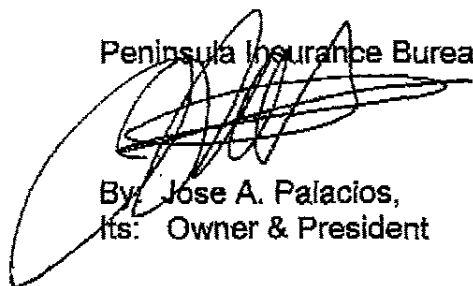
Peninsula Insurance Bureau, LLC

and the above referenced filing was authorized and done on our behalf.
As owners of Peninsula Insurance Bureau, Inc. we consent and authorize
Peninsula Insurance Bureau, LLC to use the similar name. If you have any
questions regarding the foregoing, please do not hesitate to contact our
counsel, Kevin P. Donaghy, 407-478-6008, kpdonaghy@gmail.com

Thank you for your assistance

Sincerely,

Peninsula Insurance Bureau, Inc.


By: Jose A. Palacios,
Its: Owner & President

800289041778