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Pennington Law Firm
(Requestor's Name)

(Address)

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

Marsha

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****155.00 ****155.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Peoples Insurance, L.L.C.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 FEB -1 AM 9:49

RECEIVED

00 FEB -1 PM 11:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
AND
FILED

Examiner's Initials

MB2-1-00

ARTICLES OF ORGANIZATION

OF

PEOPLES INSURANCE, L.L.C.

APPROVAL
AND
FILED
00 FEB -1 10:11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is Peoples Insurance, L.L.C. (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

The purpose for which the Company is organized is to sell insurance products; to do everything incidental or necessary relating to the sale of insurance products, and to engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers

vested in a limited liability company organized and existing by virtue of such laws.

4. ADDRESS OF PRINCIPAL PLACE OF BUSINESS.

The mailing address and the street address of the principal place of business in Florida for the Company is: 32845 U.S. Highway 19, Palm Harbor, FL 34684-3123. Such address may be changed from time to time as provided in the Operating Agreement.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: David W. Dunbar, and the initial registered office of the Company is located at 32845 U.S. Highway 19, Palm Harbor, FL 34684-3123.

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company, if any, is as follows: Ten Thousand and No/100 Dollars (\$10,000.00) in cash.

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

APPROVED
AND
FILED
DOFFER 1 11:11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. MEMBERS; ADMISSION OF NEW MEMBERS.

The Company shall have at least two (2) members (the "Members"). New Members may be admitted in the manner provided in the Operating Agreement.

9. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

10. MANAGEMENT.

The Company shall be managed by not less than three (3) Managers, and is therefore a manager-managed company. In the event of the death of a Manager, the remaining Manager(s) shall serve until the next meeting of the Members and until a successor for the deceased Manager is elected and qualified. The names and addresses of the persons who are to serve as the Managers of the Company until the first annual meeting of Members or until their successors are duly elected and qualified are as follows:

1. David W. Dunbar
32845 U.S. Highway 19
Palm Harbor, FL 34684-3123

APPROVED
AND
FILED
COFFER-1 12/11/05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Wayne B. Bard
32845 U.S. Highway 19
Palm Harbor, FL 34684-3123

3. John H. Meek, Jr.
1211 Court Street
Clearwater, FL 33755-6423

APPROVED
AND
FILED
00 FEB -1 AM 11:05
SECRETARY OF STATE
PALM HARBOR, FLORIDA


11. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Manager or former Manager to the full extent permitted under the Florida Limited Liability Company Act.


12. EFFECTIVE TIME.

These Articles shall be effective when filed with the Florida Department of State.

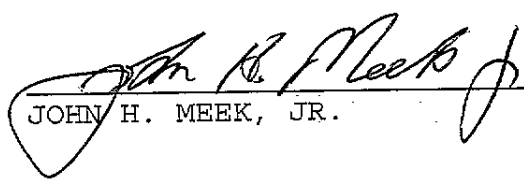
Executed at PALM HARBOR, Florida, on the 21st day of January, 2000.



DAVID W. DUNBAR



WAYNE B. BARD



JOHN H. MEEK, JR.

STATE OF FLORIDA,

COUNTY OF Pinellas.

The foregoing instrument was acknowledged before me this 21st day of January, 2000, by WAYNE B. BARD, a Manager of PEOPLES INSURANCE, L.L.C., a Florida limited liability company, on behalf of the company. He is personally known to me or has produced _____ as identification.


NOTARY PUBLIC STATE OF FLORIDA



Carol L. LeCaplain
MY COMMISSION # CC562150 EXPIRES
June 17, 2000
BONDED THRU TROY FAIR INSURANCE, INC.

Print, Type or Stamp Name of Notary
Public

00 FEB -1 4:11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
FILED

PEOPLES BANK

By: 

DAVID W. DUNBAR

Its: President

STATE OF FLORIDA,

COUNTY OF Pinellas

The foregoing instrument was acknowledged before me this 21st day of January, 2000, by DAVID W. DUNBAR, a Manager of PEOPLES INSURANCE, L.L.C., a Florida limited liability company, on behalf of the company. He is personally known to me or has produced _____ as identification.


NOTARY PUBLIC

STATE OF FLORIDA

Carol L. LeCaplain

MY COMMISSION # CC562150 EXPIRES

June 17, 2000

BONDED THRU TROY FAIN INSURANCE, INC.

Print, Type or Stamp Name of Notary
Public

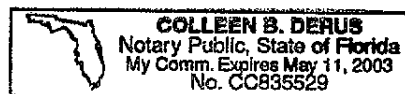
FILED
00 FEB -1 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA,

COUNTY OF Pinellas

The foregoing instrument was acknowledged before me this _____ day of January, 2000, by JOHN H. MEEK, JR., a Manager and Member of PEOPLES INSURANCE, L.L.C., a Florida limited liability company, on behalf of the company. He is personally known to me or has produced _____ as identification.

Colleen B. Derus
NOTARY PUBLIC - STATE OF FLORIDA



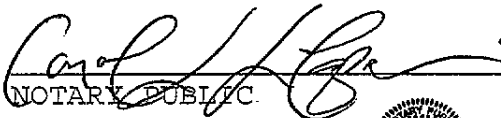
Print, Type or Stamp Name of Notary
Public

APPROVED
AND
FILED
09 FEB - 1 07:11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA,

COUNTY OF Pinellas,

The foregoing instrument was acknowledged before me this 21st day of January, 2000, by DAVID W. DUNBAR as President of PEOPLES BANK, a Member of PEOPLES INSURANCE, L.L.C., on behalf of the company. He is personally known to me or has produced _____ as identification.


NOTARY PUBLIC



Carol L. LeCaplain
MY COMMISSION # CC562150 EXPIRES
June 17, 2000
BONDED THRU TROY FAIR INSURANCE, INC.

Name of Notary Typed, Printed or
Stamped

APPROVED
AND
FILED
00 FEB -1 11:11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: Peoples Insurance, L.L.C.

2. The name and address of the registered agent and office is:

David W. Dunbar

(NAME)

32845 U.S. Highway 19

(P.O. BOX NOT ACCEPTABLE)

Palm Harbor, FL 34684-3123

(CITY/STATE/ZIP)

SIGNATURE

TITLE Manager

DATE 1-21-00

00 FEB -1 11:11:00
SECRETARY OF STATE
ALLAHASSEE FL 32301-1000

APPROVED
AND
FILED

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.

SIGNATURE

DAVID W. DUNBAR

DATE 1-21-00

REGISTERED AGENT FILING FEE: \$35.00