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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

LIMITED LIABILITY COMPANY

FLORIDA PENSIONS, LLC

Re Faxing

Certificate of Status	0
Certified Copy	1
Page Count	02
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DIVISION OF CORPORATIONS

APR 12 2000

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:
FLORIDA PENSIONS, LLC.

ARTICLE II - Address:

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

**C/O GOLD COAST BENEFITS GROUP, INC.
1 S.E. 3rd AVENUE, SUITE 1920
MIAMI, FL 33131**

ARTICLE III - Registered Agent, Register Office, & Registered Agent's Signature:

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

LAWRENCE KING

(name)

1 S.E. 3rd AVENUE, SUITE 1920

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

MIAMI, FL 33131

City, State, 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

ARTICLE IV - Management (Check box if applicable.):

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional articles ~~must~~ be added if an effective date is requested)

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 here are true).

LAWRENCE KING

Typed or printed name of signee

NO APR 12 PM 4:00

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NOTED & RECORDED

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