



LO0000004703

ACCOUNT NO. : 072100000032

REFERENCE : 673099 4816650

AUTHORIZATION : *Patricia Pigatto*

COST LIMIT : \$ 125.00

FILED
00 APR 24 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 24, 2000

ORDER TIME : 2:0 PM

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ORDER NO. : 673099-005

CUSTOMER NO: 4816650

CUSTOMER: Alex Angelo, Legal Assistant
MESIROV GELMAN JAFFE CRAMER &
MESIROV GELMAN JAFFE CRAMER &
Mellon Bank Center
1735 Market Street
Philadelphia, PA 19103-7598

RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: ADMIRALTY INSURANCE SERVICES,
L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS:

LO0-4703

Name	<i>[Signature]</i>
Availability	<i>[Signature]</i>
Document	<i>[Signature]</i>
Examiner	<i>[Signature]</i>
Updater	<i>[Signature]</i>
Updater	<i>[Signature]</i>
Verifier	<i>[Signature]</i>
Acknowledgment	<i>[Signature]</i>
W. P. Veriver	<i>[Signature]</i>

ARTICLES OF ORGANIZATION OF
ADMIRALTY INSURANCE SERVICES, E. L. C.

ARTICLE I -Name:

The name of the Limited Liability Company is: Admiralty Insurance Services, E. L. C.

ARTICLE II-Address:

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

7000 W. Palmetto Park Road, Suite 600
Boca Raton, FL 33433

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

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

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2607

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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 power 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..

Corporation Service Company

By: Deborah D. Skipper

**Deborah D. Skipper
as its agent**

ARTICLE IV-Management (Check box if applicable.)

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

Karp Insurance Consultants, Inc.,
d/b/a USI Florida

By: [Signature]
Michael C. Karp, President

(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 herein are true.)