

4.

## LAW OFFICES

Enclosures  
MJM:blr

**ARTICLES OF ORGANIZATION**  
**OF**  
**TRANSPORTATION INSURANCE MANAGEMENT & SERVICES, LLC**  
**(the "COMPANY")**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I**  
**Name**

The name of the Company is: **Transportation Insurance Management & Services, LLC**

**ARTICLE II**  
**Address**

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

99 N. Atlantic Ave.  
Cocoa Beach, Florida 32931

**ARTICLE III**  
**Duration**

The Company shall exist for a perpetual duration.

**ARTICLE IV**  
**Management**

The Company is to be managed by managers and the names and addresses of the initial managers who are to serve as managers pursuant to the Regulations of the Company until their successors are elected are:

Joseph Stazzone  
99 N. Atlantic Ave  
Cocoa Beach, FL 32931

Robert Williams  
99 N. Atlantic Ave  
Cocoa Beach, FL 32931

James Onaro  
116 John Robert Thomas Dr  
Exton, PA 19341

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The initial managers and all subsequent managers shall serve, be removed and elected pursuant to the Regulations of the Company.


**ARTICLE V**  
**Admission of Additional Members**

Additional members will be admitted only upon the unanimous consent of all Members upon such terms as provided in the Regulations.

**ARTICLE VI**  
**Members' Rights to Continue Business**

The remaining members of the Company shall have the right to continue the business on 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.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 14<sup>TH</sup> day of April, 2000.

  
Robert Williams

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this 14<sup>TH</sup> day of April, 2000, by **Robert Williams** who is personally known to me, and who did not take an oath.

  
Notary Signature

CYNTHIA MARIE HILL  
Printed Name of Notary

NOTARY PUBLIC-STATE OF FLORIDA  
CYNTHIA MARIE HILL  
COMMISSION NUMBER CC577278  
EXPIRES AUGUST 14, 2000  
AMERICAN SURETY ASSOCIATES  
1-888-NOTARY-1

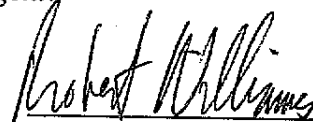
**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **Transportation Insurance Management & Services, LLC**
2. The name and the Florida street address of the registered agent are:

Robert Williams  
99 N. Atlantic Avenue  
Cocoa Beach, Florida 32931

*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.*

  
\_\_\_\_\_  
Robert Williams

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