

**100000006507**

Requester's Name  
411 Druid Road, Suite 109  
Address  
Clearwater, Fl. 33756  
City/State/Zip Phone #

Office Use Only

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

300003274213--8  
-06/01/00--01090--010  
\*\*\*\*125.00 \*\*\*\*125.00

- 1. \_\_\_\_\_ (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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

100-6507

Name	_____
Availability	_____
Document	_____
Examiner	_____
Updater	_____
Updater	_____
Verifier	_____
Acknowledgment	_____
W. P. Verifier	_____

**Examiner's Initials**

**Articles of Organization**  
**of**  
**WISELEY INSURANCE SERVICES, LLC**

**Article I**  
**Name**

The name of the limited liability company is:

**WISELEY INSURANCE SERVICES, LLC**

**Article II**  
**Address**

The mailing address and street address of the principal office of the limited liability company is:

**6798 Crosswinds Drive North Suite C-102**  
**St. Petersburg, FL 33710**

**Article III**  
**Registered Agent, Registered Office & Registered Agent's Signature**

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

**Robert L. Hendershott**  
**6798 Crosswinds Drive North Suite C-102**  
**St. Petersburg, FL 33710**

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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 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, Florida Statutes.

  
ROBERT L. HENDERSHOTT, Registered Agent

#### Article IV Management

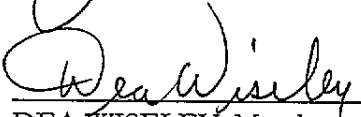
The limited liability company is to be managed by one or more managers and is, therefore, a manager-managed company.

Dated this 30<sup>th</sup> day of May, 2000.

In accordance with section 608.408(3), Florida Statutes, the execution of this document by Robert L. Hendershott, Yvonne Wiseley, and Dea Wiseley constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
ROBERT L. HENDERSHOTT, Member

  
YVONNE WISELEY, Member

  
DEA WISELEY, Member

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