

**L000000069748**  
**TRANSMITTAL LETTER**

Date: August 9, 2000

Department of State  
LLC Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

300003352653--#1  
-08/10/00--01082--003  
\*\*\*\*125.00 \*\*\*\*125.00

SUBJECT: Superior Insurance Services, L.L.C.

Enclosed is an original and one (1) copy of the articles of organization for the above LLC, and a check for:

Filing Fee \$125 (includes Registered Agent Designation \$25.00);

Check total \$125.00

FROM: Thomas J. Davis, Jr., Attorney at Law  
150 Alhambra Circle, Suite 1260  
Coral Gables, FL 33134  
Tel: 305-774-9923

FILED  
00 AUG 10 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the Articles.

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**ARTICLES OF ORGANIZATION OF  
Superior Insurance Services, L.L.C.**

The undersigned, being authorized to execute and file these articles, in order to form a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit declares that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company, and certifies that:

**ARTICLE I**

**NAME**

The name of the limited liability company is:

Superior Insurance Services, L.L.C.

**ARTICLE II**

**ADDRESS**

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

1401 Kimdale Street

Lehigh Acres, FL 33936

It shall have the power and authority to establish branch offices at any other place or places as the member may designate, and to change the mailing address and street address of its principal office.

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

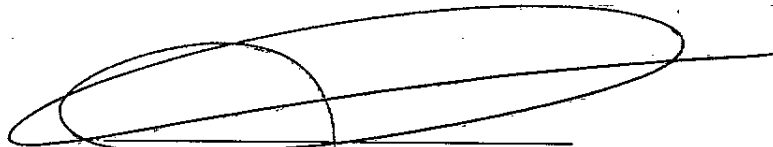
### ARTICLE III

#### Registered Agent, Registered Office, & Registered Agent's Signature:

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

Thomas J. Davis, Jr.,  
Attorney at Law  
150 Alhambra Circle, Suite 1260  
Coral Gables, FL 33134-4535

*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..*



Thomas J. Davis, Jr., Attorney at Law

### 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.

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

The undersigned, being an original member of the limited liability company, certifies that this instrument constitutes the proposed Articles of Organization of SUPERIOR INSURANCE SERVICES, L.L.C.

Executed by the undersigned at Lee County, Florida on the 21<sup>st</sup> day of August, 2000.



By \_\_\_\_\_  
Richard A. Walters, 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 herein are true.



\_\_\_\_\_  
Richard A. Walters, Member

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TALLAHASSEE, FLORIDA