

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite I • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L000000012763

Insurance Mitigation, LLC

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*****155.00 *****155.00

- ___ Art of Inc. File
- ___ LTD Partnership File
- ___ Foreign Corp. File
- ☒ L.C. File *cont*
- ___ Fictitious Name File
- ___ Trade/Service Mark
- ___ Merger File
- ___ Art. of Amend. File
- ___ RA Resignation
- ___ Dissolution / Withdrawal
- ___ Annual Report / Reinstatement
- ☒ Cert. Copy
- ___ Photo Copy
- ___ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious Name
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search
- ___ Fictitious Owner Search
- ___ Vehicle Search
- ___ Driving Record
- ___ UCC 1 or 3 File
- ___ UCC 11 Search
- ___ UCC 11 Retrieval
- ___ Courier

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00 OCT 19 PM 12:37
TALLAHASSEE, FLORIDA

RECEIVED
00 OCT 19 AM 11:03
DIVISION OF CORPORATION

10-19-00

Signature _____

Requested by: *cm*

Name _____

Date *10/19*

Time *10:30*

Walk-In _____

Will Pick Up _____

ARTICLES OF ORGANIZATION
OF
INSURANCE MITIGATION, LLC

Each undersigned individual, being either a member or the authorized representative of a member, hereby presents these Articles of Organization to the Department of State of the State of Florida in accordance with Chapter 608, Florida Statutes, for the formation of a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of the limited liability company (the "Company") is Insurance Mitigation, LLC.

ARTICLE II

Unless and until the Company is dissolved by the unanimous consent of the members or by law, the Company will exist in perpetuity from the date of the filing of these Articles with the Florida Department of State.

ARTICLE III

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

8491 NW 17th Street, Suite L
Miami, Florida 33126

APPROVED
AND
FILED
03 OCT 19 PM 12:37
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV

The name of the initial registered agent and the street address of the initial registered office for service of process in the State of Florida are as follows. Attached to these Articles is a written statement from the registered agent as required by Florida Statute § 608.415.

Registered Agent

Address of Registered Office

Harold L. Lewis

One Biscayne Tower, Suite 2400
2 South Biscayne Boulevard
Miami, Florida 33131

ARTICLE V

The business of the Company shall be managed by one or more managers. The Company shall be a manager-managed Company.

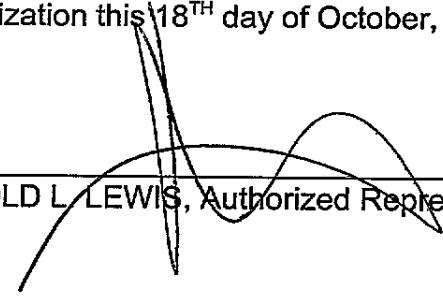
ARTICLE VI

The Company may exercise any powers, without limitation whatsoever, which a limited liability company may legally exercise under the laws of the State of Florida.

ARTICLE VII

The Company may indemnify any manager, member, officer, employee or agent of the Company to the fullest extent permitted by Florida law.

IN WITNESS WHEREOF, the undersigned authorized representative of the Company has hereunto executed these Articles of Organization this 18TH day of October, 2000.

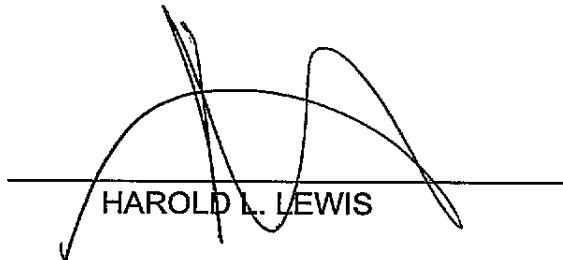


HAROLD L. LEWIS, Authorized Representative

APPROPRIATE
AND
FILED
00 OCT 19 PM 12:37
HAROLD L. LEWIS
HAROLD L. LEWIS

ACCEPTANCE OF REGISTERED AGENT

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.


HAROLD L. LEWIS

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APPROVED
AND
FILED
00 OCT 19 PM 12:37
SEP 27 2000
MILWAUKEE, WI
CLERK OF COURT