

CCRS  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

L0000000/6/05

CONTACT: CINDY HICKS

900003514109--3  
-12/27/00--01038--004  
\*\*\*155.00 \*\*\*155.00

DATE:

12-27-00

REF. #:

0174.14022

CORP. NAME:

USA Risk Intermediaries, L.L.C.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                        |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 1334 FOR \$ 158.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- ☒ CERTIFIED COPY      ☐ CERTIFICATE OF GOOD STANDING      ☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

Examiner's Initials

APPROVED  
AND  
FILED

00 DEC 27 AM 11:36

RECEIVED

00 DEC 27 AM 10:38

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

JB  
12-27-00

# ARTICLES OF ORGANIZATION

USA RISK INTERMEDIARIES, L.L.C.,  
a Florida limited liability company

## ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

USA RISK INTERMEDIARIES, L.L.C.

## ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

4424 Calle Serena  
Sarasota, Florida 34238

## ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

H. Lincoln Miller, Jr.                      4424 Calle Serena  
Sarasota, Florida 34238

## ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement and Regulations of the Limited Liability Company.

APPROVED  
AND  
FILED  
00 DEC 27 AM 11:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

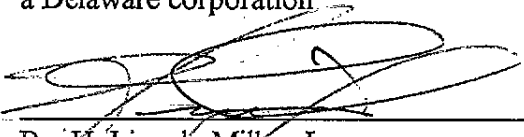
IN WITNESS WHEREOF, these Articles of Organization have been executed as of the  
21st day of December, 2000.

WITNESSES:

USA Program Administrators, Inc.,  
a Delaware corporation

Nancy Miller  
Print Name Nancy Miller

Margaret B Miller  
Print Name MARGARET B. MILLER

  
By: H. Lincoln Miller, Jr.  
Its: President

Vermont Insurance Management, Inc.,  
a Vermont corporation

Nancy Miller  
Print Name Nancy Miller

Margaret B Miller  
Print Name MARGARET B MILLER

  
By: H. Lincoln Miller, Jr.  
Its: Chairman

"MEMBERS"

APPROVE  
AND  
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00 DEC 27 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the 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:

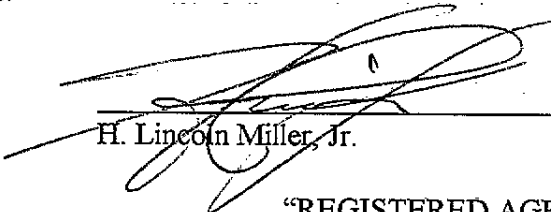
USA Risk Intermediaries, L.L.C.

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

H. Lincoln Miller, Jr.  
4424 Calle Serena  
Sarasota, Florida 34238

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 12/21/00

  
H. Lincoln Miller, Jr.

"REGISTERED AGENT"

APPROVED  
AND  
FILED  
00 DEC 27 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA