

Division of Corporations

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Florida Department of State

Division of Corporations

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LIMITED LIABILITY COMPANY

PARTNERSHIP INSURANCE GROUP, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

PARTNERSHIP INSURANCE GROUP, L.L.C.

ARTICLE II - ADDRESS

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

5255 North Federal Highway
Second Floor
Boca Raton, FL 33487

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be: Perpetual

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the managers and the name(s) and address(es) of the managing member(s) is/are:

Martin E. Lisiewski
c/o Remax Services
6070 N. Federal Highway
Boca Raton, FL 33487

Steven Serie
c/o Remax Services
6070 N. Federal Highway
Boca Raton, FL 33487

Kara Korth
5255 N. Federal Highway
Second Floor
Boca Raton, FL 33487

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Members may admit additional members upon majority agreement of current members.

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS:

The right, if given, of the remaining members of the limited liability company 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 limited liability company shall be:

Steven Serie, P.A., 2101 Corporate Blvd., NW, Suite 325, Boca Raton, FL 33431
Telephone: 561-989-0202, Florida Bar No. 0046736

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Signature of a member or an authorized representative of a 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 stated herein are true.)

STEVEN SERLE

Typed or printed name of signer

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 PARTNERSHIP INSURANCE GROUP, L.L.C.

2. The name and address of the registered agent and office is:

STEVEN SERLE, P.A.
2101 Corporate Boulevard, N.W., Suite 325
Boca Raton, FL 33431

ACKNOWLEDGMENT:

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 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.

Dated: Feb. 8 2001
STEVEN SERLE
Registered Agent

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