



LO10000003820

ACCOUNT NO. : 072100000032

REFERENCE : 070658 7184869

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 125.00

ORDER DATE : March 8, 2001

ORDER TIME : 10:09 AM

ORDER NO. : 070658-001

000003850370--2

CUSTOMER NO: 7184869

CUSTOMER: Mr. Lesley Winston-7184869
Mr. Lesley Winston

11975 W. Dixie Highway

Miami, FL 33161

DOMESTIC FILING

NAME: LES WINSTON INSURANCE AGENCY
LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: LORI DUNLAP

- EXT. 1111
EXAMINER'S INITIALS:

*LB
3-13-01*

RECEIVED
01 MAR 13 AM 10:45
DIVISION OF CORPORATION

01 MAR 13 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALPHABETICALLY
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LES WINSTON INSURANCE AGENCY LLC

ARTICLE II - Address:

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

11975 WEST DIXIE HIGHWAY, NORTH MIAMI, FLORIDA 33161

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32301
City, State, and Zip

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..

Corporation Service Company

By: Laura R. Dunlap

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Laura R. Dunlap
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.)

LAURA R. DUNLAP

Typed or printed name of signee

FILING FEES:


- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

01 MAR 13 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of LES WINSTON INSURANCE AGENCY LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 12 day of MARCH, 2001.



Signature

LESCOY WINSTON

Print Name of Signer

WITNESS:



Signature

SUZANNE TRINKA

Print Name of Witness

WITNESS:



Signature

Steve Getts

Print Name of Witness

ALL FOR AND FILED
01 MAR 19 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA