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REFERENCE : 0

070739 726246

AUTHORIZATION

7202 107

COST LIMIT :

\$ 125.00

ORDER DATE: March 8, 2001

ORDER TIME : 2:04 PM

ORDER NO. : 070739-001

EUSTOMER NO:

7262467

TUSTOMER SAMT. Steven D. Gettis

5

900004132639--9

11975 West Dixie Highway

North Miami, FL 33161

DOMESTIC FILING

NAME:

STEVEN GETTIS INSURANCE LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS:

OI MAY -2 PM 4:21
SECRETARY OF STATE
FALLAHASSEE, FLORID

APPROVED FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STEVEN GETTIS INSURANCE 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	ı Ser	vice C	ompa	ny	
	Name				
1201	Hays	Street			
Florida street address ((P.O. E	ox NOT	accep	table)	
Tallahassee	`	FL		2301	
City, S	State, a	nd 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

Registered Agent's Signature

Registered Agent's Signature

Asst. Secretary

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.

	Delegrap D. Skipper				
Signature of a member or an authorized representative of a member.					
of th	accordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury are facts stated herein are true.)				
	DEBORAH K. SKIPPER				

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)

APPROVILE
AND
FILED

OI MAY -2 PM 4: 21
SECRETARY OF STATE
TAIL AND AREA
OF STATE

MEMBERS OF STEVEN GETTIS INSURANCE LLC

Steven Gettis Member

North Miami, Florida

dew

FILED

OI MAY -2 PM 4:21

SECRETARY OF STATE
TALLARIASSES

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 STEVEN GETTLS INSURANCE 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 2nd day of May

Signature

Print Name of Signer

TETETRATES.

ETÒ RAC PRINCIPA

TOM BrAUEFMAN

Deint Name of Witness

WITNESS:

Si montante

Signatuw

Print Name of Witness

FLLLC D-LIMITED FOWER OF ATTORNEY \$400 (FLLCATT)