



THE UNITED STATES
CORPORATION
COMPANY

L010000006939

ACCOUNT NO. : 072100000032

REFERENCE : 137535 10450A

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 155.00

ORDER DATE : May 3, 2001

ORDER TIME : 10:32 AM

ORDER NO. : 137535-005

CUSTOMER NO: 10450A

CUSTOMER: Mike Miller, Esq
Kunkel Miller & Hament

Magdalene Center, Ste 202
15438 N. Florida Avenue
Tampa, FL 33613

300004133973--7

DOMESTIC FILING

NAME: RISK MAP, L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS:

JB
5-3-01

01 MAY - 3 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAY - 3 AM 11:37
SUFFICIENCY OF FILING
TO ACKNOWLEDGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is Risk Map, L.L.C.

ARTICLE II - Address:

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

1128 Central Avenue, Second Floor
St. Petersburg, FL 33705

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

The name and the Florida street address of the Registered Agent are:

Michael R. Miller, Esquire
Kunkel Miller & Hament
15438 No. Florida Ave., Suite 202
Tampa, FL 33613

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.

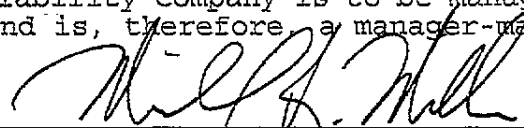
Michael R. Miller, Esquire

BY: 

Registered Agent's Signature

ARTICLE IV - Management (Check if applicable.)

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


Signature of a member or an authorized
representative of a member.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY -3 PM 12:24

APPROVED
AND
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(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.)

Michael R. Miller

Typed or printed name of signee

APPROVED
AND
FILED
01 MAY -3 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA