

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

FILING COVER SHEET
ACCT. #FCA-14

LD1000012224

CONTACT: CINDY HICKS

DATE: 7-25-01

REF. #: 0672.17659

CORP. NAME: THE INSURANCE ADVISOR
FOR AGENTS, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISOLUTION |
| <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: | | |

effective date
7-20-01

01 JUL 25 PM 1:43
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 JUL 25 AM 11:16

APPROVED
AND
FILED

STATE FEES PREPAID WITH CHECK# 15896 FOR \$ 130.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

900004495359--5
-07/25/01--01047--013
****130.00 ****130.00

COST LIMIT: \$

PLEASE RETURN:

- | | | |
|--|--|--|
| <input type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

JB
7-25-01

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
THEINSURANCEADVISOR FOR AGENTS, LLC**

1. Name. The name of this limited liability company is **THEINSURANCEADVISOR FOR AGENTS, LLC** (the "Company"), and it shall be formed as a limited liability company under Chapter 608 of the laws of the State of Florida.

2. Duration. The Company shall exist commencing effective as of July 20, 2001 and the Company's existence shall be perpetual.

3. Purpose. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida.

4. Place of Principal Office. The mailing and street address of the Company's principal office is 806 South Davis Boulevard, Tampa, Florida 33606.

5. Registered Agent and Office. The name of the initial registered agent of the Company is Randolph J. Wolfe. The street address of the initial registered agent of the Company is 100 North Tampa Street, Suite 2700, Tampa, Florida 33602.

6. Additional Members. Additional members to the Company may be admitted, but only upon the unanimous consent of all members of the Company at the time admission is sought.

7. Management of the Company. The management of the Company shall be vested in the managers of the Company.

8. Operating Agreement. The members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned executed these Articles of Organization on the 24th day of July, 2001. (In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


Randolph J. Wolfe, Authorized Representative

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 25 PM 1:43

APPROVED
AND
FILED

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Company, at the place designated herein, and being familiar with the obligations of that position, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



Randolph J. Wolfe, Registered Agent

Dated: July 24th, 2001

APPROVED
AND
FILED
01 JUL 25 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA