



L0100 0012757

ACCOUNT NO. : 072100000032

REFERENCE : 235041 7279788

AUTHORIZATION :

*Patricia Pizuto*

COST LIMIT : \$ 125.00

ORDER DATE : July 24, 2001

ORDER TIME : 9:54 AM

ORDER NO. : 235041-005

800004511519--4

CUSTOMER NO: 7279788

CUSTOMER: Mr. Charles A. Houchell  
Mr. Charlers A. Houchell  
Evaluated Risk Solutions, LLC  
P.o. Box 10596

Tampa, FL 33679

DOMESTIC FILING

NAME: EVALUATED RISK SOLUTIONS, 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: Sara Lea - EXT. 1114

EXAMINER'S INITIALS:

DIVISION OF CORPORATION

01 AUG - 1 PM 12: 11

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG - 1 PM 1:56

APPROVED  
AND  
FILED

*JP*  
*8-1-01*

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

EVALUATED RISK SOLUTIONS, LLC

## ARTICLE II - Address:

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

PO BOX 10596, TAMPA, FLORIDA 33679

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

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

CHARLES A. HOUNCHELL		
Name		
730 SOUTH STERLING AVENUE, SUITE 300		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
TAMPA	FL	33609
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..*

CHARLES A. HOUNCHELL

By: see attached

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  
as its agent**

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)

APPROVED  
AND  
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TALLAHASSEE, FLORIDA

**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 EVALUATED RISK SOLUTIONS, 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 31<sup>st</sup> day of July, 2001.




Signature

CHARLES A. HOUNCHELL

Print Name of Signer

WITNESS:

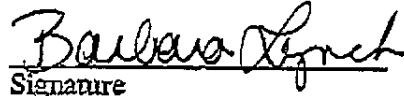


Signature

Kaia Marshall

Print Name of Witness

WITNESS:



Signature

Barbara Lynch

Print Name of Witness

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT  
DESIGNATED IN THE ARTICLES OF ORGANIZATION

Charles A. Houchell, an individual residing in this state, having a business office identical with the registered office of the corporation named below, and having been designated as the Registered Agent in the above and foregoing Articles of Organization of:

EVALUATED RISK SOLUTIONS, LLC

Charles A. Houchell is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

By: Charles A. Houchell

Typed Name: Charles A. Houchell

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED