

Division of Corporations

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L010000/5372**Florida Department of State**

Division of Corporations

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TALLAHASSEE, FLORIDA**AL****To:**

Division of Corporations
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Account Name : WATTERSON, HYLAND & KLETT
Account Number : 073410002775
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RECEIVED

LIMITED LIABILITY COMPANY**Quality Insurance Partners, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Fax Audit No.: H01000097012 8

ARTICLES OF ORGANIZATION FOR
Quality Insurance Partners, LLC
a Florida Limited Liability Company

ARTICLE I

The name of the Limited Liability Company is: Quality Insurance Partners, LLC.

ARTICLE II

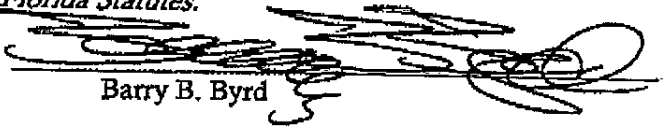
The mailing address and street address of the principal office of the Limited Liability Company is:
2475 Marseilles Drive, Palm Beach Gardens, Florida 33410.

ARTICLE III

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

Barry B. Byrd
4100 RCA Blvd., Suite 100
Palm Beach Gardens, Florida 33410

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, Florida Statutes.


Barry B. Byrd

ARTICLE IV

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

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.


Barry B. Byrd

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

QUALITY INSURANCE PARTNERS, LLC

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

Barry B. Byrd
4100 RCA Blvd., Suite 100
Palm Beach Gardens, Florida 33410

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, Florida Statutes.

Barry B. Byrd



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