

L-010000017793

Douglas Juiffre  
3000 Palm Aire Drive #207  
Pompano Beach, FL 33069

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. NORTHAMERICAN INSURANCE EXCHANGE LLC  
(Corporation Name) (Document #)

600004636736--7  
-10/15/01--01065--003  
\*\*\*\*100.00 \*\*\*\*100.00

2. \_\_\_\_\_  
(Corporation Name) (Document #)

600004636736--7  
-10/15/01--01065--004  
\*\*\*\*25.00 \*\*\*\*25.00

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED  
OCT 15 AM 10:31  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
WJ 10/17

Examiner's Initials

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

*North American Insurance Exchange LLC*

## ARTICLE II - Address:

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

*3000 North Palm Aire Drive, Suite 207  
Pompano Beach, FL 33069*

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

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

*Douglas Juiffre*  
Name  
*3000 North Palm Aire Drive, Suite 207*  
Florida street address (P.O. Box **NOT** acceptable)  
*Pompano Beach, FL 33069*  
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.*

*[Signature]*  
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)

*[Signature]*  
Signature of a member of 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.)

*DOUGLAS S. JUIFFRE*

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 15 AM 10:31