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Division of Corporations

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Florida Department of State

Division of Corporations

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Division of Corporations

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Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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AL

LIMITED LIABILITY COMPANY

COLONIAL INSURANCE AGENCY NETWORK, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR THE FLORIDA LIMITED LIABILITY COMPANY KNOWN AS:
COLONIAL INSURANCE AGENCY NETWORK, LLC.**

Article I - Name

The name of the limited liability company is **COLONIAL INSURANCE AGENCY NETWORK, LLC.**

Article II - Address

The mailing address and street address of the principal office of the limited liability company is **8440 SW 40th Street, Miami, Florida 33155.**

Article III - Duration

The period of duration for the limited liability company shall be 99 years.

Article IV - Management

The limited liability company is to be managed by the manager and the name(s) and address(es) of the manager is/are **Rodolfo Del Toro, 8440 SW 40th Street, Miami, Florida 33135**

Article V - Admission of Additional Members

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: As set forth in the Operating Agreement of the Company.

Article VI - Members Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: As set forth in the Operating Agreement of the Company.


Rodolfo Del Toro, Manager

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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 IN DESIGNATING THE REGISTERED OFFICE,
REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

COLONIAL INSURANCE AGENCY NETWORK, LLC.

2. The name and address of the registered agent and office is:

**Felix J. Martin
2701 S. LeJeune Road, 2nd Floor
Coral Gables, Florida 33134**

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TALLAHASSEE, FLORIDA
01 OCT 17

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.


Felix J. Martin

09-06-01
Date

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