L01000019455

ACCOUNT NO. : 072100000032

REFERENCE : 375622 81514A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 155.00

ORDER DATE : November 9, 2001

ORDER TIME : 11:30 AM

ORDER NO. : 375622-010

900004674319--2

CUSTOMER NO: 81514A

CUSTOMER: Victor J. Troiano, Esq
Troiano & Roberts

P. O. Drawer 829

Lakeland, FL 33802

DOMESTIC FILING

NAME: OMS INSURANCE GROUP, L.L.C.

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT. 1133 EXAMINER'S INITIALS: JR 11-9-01

FILED
01 NOV -9 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
01 NOV -9 PM 12:56
DIVISION OF CORP. OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:
The Name of the Limited Liability Company is: OMS INSURANCE GROUP, L.L.C.

ARTICLE II – Address:
The mailing address and street address of the principal office of the Limited Liability Company are:

a: Mailing Address: 231 S. Florida Avenue, Lakeland, FL 33801
b: Street Address: 231 S. Florida Avenue, Lakeland, FL 33801

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

GREGORY G. SALE
Name

231 S. FLORIDA AVENUE
Florida street address (Post Office Box **NOT** acceptable)

LAKELAND, FL 33801
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 actin 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.

Registered Agent's Signature

ARTICLE IV – Management (Check applicable box)

____ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

_X_ The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

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.)

GREGORY G. SALE
Typed or printed name of signee