

Division of Corporations

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**L02000004219**

**Florida Department of State**

Division of Corporations

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Katherine Harris, Secretary of State

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DIVISION OF CORPORATIONS

Division of Corporations  
Fax Number : (850) 205-0383

Account Name : JOHNNY TSIMOGIANNIS  
Account Number : I19990000261  
Phone : (305) 444-2445  
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**LIMITED LIABILITY COMPANY**

**JOBEN INSURANCE LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I: NAME**

The name of the Limited Liability Company is **JOBEN INSURANCE LLC**

**ARTICLE II: ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company, with the privilege of having branch offices at any other place within the State and without the State is:


**770 Ponce de Leon Blvd., Suite 215  
Coral Gables, Florida 33134**

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

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

**Johnny Tsimogiannis  
770 Ponce de Leon Blvd, Suite 215  
Coral Gables, Florida 33134**

*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.*

  
\_\_\_\_\_  
Johnny Tsimogiannis  
Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

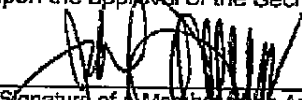
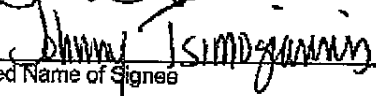
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**ARTICLE IV: MANAGEMENT**

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

**ARTICLE V: EFFECTIVE DATE**

These Articles of Organization shall be effective February 21, 2002, or the earliest date deemed acceptable by and upon the approval of the Secretary of State, State of Florida.

  
\_\_\_\_\_  
Signature of a Member or an Authorized Representative of a Member  
  
  
\_\_\_\_\_  
Printed Name of Signee

*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.*