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WILSON & RATLEDGE
PROFESSIONAL LIMITED LIABILITY COMPANY
ATTORNEYS AT LAW

MAILING ADDRESS:
P. O. BOX 31447
RALEIGH, NC 27622

4600 MARRIOTT DRIVE
SUITE 400, RALEIGH, NC 27612

PHONE (919) 787-7711
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June 20, 2002

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

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-07/01/02--01067--010
****125.00 ****125.00

Re: Fiduciary Assurance, LLC

Dear Sir or Madam:

Enclosed please find the completed form for filing Articles of Organization to form the above-referenced Limited Liability Company along with a check in the amount of \$125 for filing fees. Please return the Articles of Organization to my attention at the following address:

Thomas J. Wilson
Wilson & Ratledge, PLLC
PO Box 31447
Raleigh, NC 27622
(919) 787-7711

BK

If you have any questions, please do not hesitate to call. Thank you for your assistance.

Very truly yours,

WILSON & RATLEDGE, PLLC


Thomas J. Wilson

Enclosure

FILED
02 JUL -1 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Fiduciary Assurance, LLC

ARTICLE II - Address:

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

1040 Seminole Dr., #956
Ft. Lauderdale, FL 33304

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

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

Robert L. Crump, Jr.

Name

1040 Seminole Dr., #956

Florida street address (P.O. Box **NOT** acceptable)

Ft. Lauderdale, FL 33304

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.

Robert L. Crump, Jr.

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)

Robert L. Crump, Jr. member

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.)

Robert L. Crump, Jr.

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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA