12/19/02 12:34 FAX 407 650 1065

CNL TAX ACCOUNTING

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To:

Division of Corporations

Fax Number : (850)205-0383

From

AMY J. PATTERSON

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-1000 Fax Number : (407)650-1065

LIMITED LIABILITY COMPANY

CNLAssurance, LLC

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



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ARTICLES OF ORGANIZATION OF CNLASSURANCE, LLC

ARTICLE I - NAME

The name of this limited liability company is CNLASSURANCE, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address of the principal office of the Company is Post Office Box 1546, Orlando, Florida 32802-1546, and the street address of the principal office of the Company is 450 South Orange Avenue, Orlando, Florida 32801.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 450 South Orange Avenue, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Chirag Bhavsar.

IN WITNESS WHEREOF, the undersigned, as an authorized representative of a member, has caused these Articles of Organization to be duly executed as of the 19th day of December, 2002.

Signature of an Authorized Representative of a Member

Chirag Bhavsar

Typed or Printed Name of Signer

Acceptance of Registered Agent

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.

Chirag Bhavsar