Electronic Articles of Organization
For
Florida Limited Liability Company

L03000012755
FILED 8:00 AM
April 09, 2003
Sec. Of State

Article I

The name of the Limited Liability Company is:

NATIONAL INSURANCE VERIFICATION, LLC

Article II

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

1200 WESTON ROAD
SUITE 300
WESTON, FL. 33326

The mailing address of the Limited Liability Company is:

1200 WESTON ROAD
SUITE 300
WESTON, FL. 33326

Article III

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

MICHAEL D NEWTON
1200 WESTON ROAD
SUITE 300
WESTON, FL. 33326

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.

Registered Agent Signature: MICHAEL D. NEWTON

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Article IV

The name and address of managing members/managers are:

Title: MGRM
PATRICK D CLAWSON
1200 WESTON ROAD, SUITE 300
WESTON, FL. 33326

Title: MGRM
DALE S BAKER
1200 WESTON ROAD, SUITE 300
WESTON, FL. 33326

Title: MGRM
MICHAEL D NEWTON
1200 WESTON ROAD, SUITE 300
WESTON, FL. 33326

Signature of member or an authorized representative of a member

Signature: PATRICK D CLAWSON