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03 MAY 29 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO BOX 2191
DV, FL 32004

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

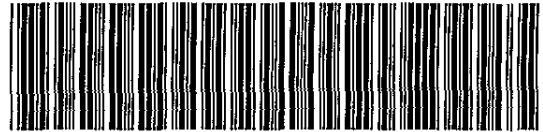
(Business Entity Name)

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MEMO

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PLEASE FIND ATTACHED A CHECK FOR 160⁰⁰ ON BEHALF OF MAY 29 AM 11:21

PRINCIPLED INSURANCE MANAGEMENT COMPANY, LLC FOR:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE	100 ⁰⁰	FILING FOR ARTICLES OF ORGANIZATION
DATE OF	25 ⁰⁰	DESIGNATION OF REGISTERED AGENT
JULY 1, 2003	30 ⁰⁰	CERTIFIED COPY
	5 ⁰⁰	CERTIFICATE OF STATUS.

THANK YOU

STEVE MILLER

904 463 1298

TRANSMITTAL LETTER

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03 MAY 29 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: PRINCIPLED INSURANCE MANAGEMENT COMPANY, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN H. MILLER
(Name of Person)

PRINCIPLED INSURANCE MANAGEMENT COMPANY
(Firm/Company)

PO BOX 2191
(Address)

PONTE VEDRA, FLORIDA 32004
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN H. MILLER at (904) 463-1298
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRINCIPLED INSURANCE MANAGEMENT COMPANY LLC

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ARTICLE II - Address:

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

MAILING - PO BOX 2191, PONTE VEDRA, FL 32004

STREET - 151 SAWGRASS CORNELIS DRIVE, SUITE 100, PONTE VEDRA, FL 32082

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

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

STEVEN H. MILLER

Name

151 SAWGRASS CORNELIS DRIVE, SUITE 100

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

PONTE VEDRA FL 32082

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..

Registered Agent's Signature

ARTICLE IV - EFFECTIVE DATE OF LIMITED LIABILITY COMPANY

THE EFFECTIVE DATE OF PRINCIPLED INSURANCE MANAGEMENT COMPANY LLC IS TO BE JULY 1, 2003.

(An additional article must be added if an effective date is requested)

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.)

STEVEN H. MILLER

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)