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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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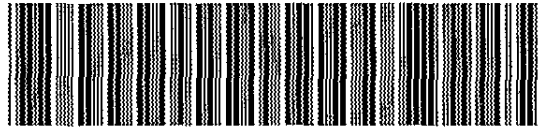
(Business Entity Name)

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TALLAHASSEE, FLORIDA

10/30/03
[Signature]

William K. Gordon
Attorney at Law

303 State Road 26 Melrose, Florida 32666

Phone (352) 475-1357 / Fax (352) 475-5968

October 23, 2003

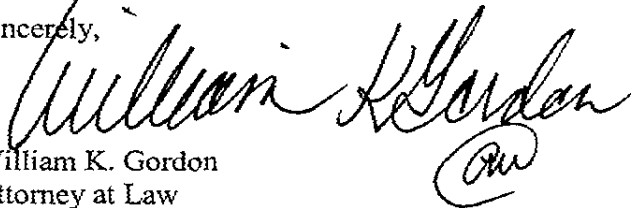
Secretary of State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Art to Inc on Fitnsurance Protocol Mgmt. Co., LLC

Dear Clerk:

Enclosed please find the original executed Articles on the above referenced Florida Limited Liability company to be filed and registered along with my trust account check for your filing fees. Please return filed documents at your earliest convenience. If you have any questions, or I can be of further assistance to you, please feel free to contact my office. Thank you.

Sincerely,



William K. Gordon
Attorney at Law
rvh;cc file

SECRET
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
FITNSURANCE PROTOCOL MANAGEMENT COMPANY, LLC

ARTICLE I - NAME

The name of this limited liability company is **FITNSURANCE PROTOCOL MANAGEMENT COMPANY, LLC** (hereinafter "the Company").

ARTICLE II - ADDRESS

The principal street and mailing address of the Company is (Mailing) 1820 N.E. 2nd Street, Gainesville, Florida 32601 and (street) 1820 N.E. 2nd Street, Gainesville, Alachua County, Florida 32601.

ARTICLE III - DURATION

The Company's existence shall commence upon the filing of these Articles of Organization with the Florida Department of State and said existence shall be perpetual.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the initial registered agent of the Company is:

JAMES R. SIRMANS
1820 N.E. 2nd Street
Gainesville, FL 32601

ARTICLE V - PURPOSE

The Company shall be authorized to engage in and transact any and all lawful business within and without the State of Florida or United States for which Limited

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CLERK OF DISTRICT COURT
JULIA HASSE
TALLAHASSEE, FLORIDA

Liability Companies may be created under Florida Statutes 608.404, as amended and supplemented.

ARTICLE VI – ORGANIZER & AUTHORIZED REPRESENTATIVE

The name and street and mailing address of the person signing these Articles of Organizer is:

JAMES R. SIRMANS
1820 N.E. 2nd Street
Gainesville, FL 32601

Jr B

ARTICLE VII – MANAGEMENT

The company will be managed by at least one (1) manager and is, therefore, a manager-managed company. The following shall be the initial managers:

JAMES R. SIRMANS
1820 N.E. 2nd Street
Gainesville, FL 32601

Jr B

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In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.



JAMES R. SIRMANS, Authorized
Representative

ORGANIZER AND AUTHORIZED REPRESENTATIVE

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these articles of organization at Melrose, Florida this the 1st day of October, 2003.



JAMES R. SIRMANS

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 10th day of
October, 2003, by JAMES R. SIRMANS, who is/are personally known to me or have
produced FL DL as identification, and who did take an oath.

Lori A. Harrison
Notary Public
State of FL: My Commission Expires:



LORI A. HARRISON
COMMISSION # DD107777
EXPIRES APRIL 10, 2006
BONDED THROUGH
WESTERN SURETY CO.

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TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT

I HEREBY ACCEPT this appointment of, and designation as registered agent for service of process within the State of Florida of FITNSURANCE PROTOCOL MANAGEMENT COMPANY, LLC named in the Articles of Organization herein above set forth and I do hereby further state that I may be found as registered agent for service of process upon said proposed corporation at the address set forth in Article IV or such Articles.

N WITNESS WHEREOF, as said registered agent, I have caused this statement to be signed on this 29 day of October, 2003.


James R. Simmans

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