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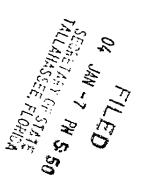
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TRANSMITTAL LETTER

SUBJECT: COR/	AL INSURANCE ADVISORS, LLC 💢 💃
	me of Limited Liability Company)
The enclosed Articles of Organization an	d fec(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	JAMES B. REDNER
	(Name of Person)
ĹA	W OFFICE OF JAMES B. REDNER
	(Firm/Company)
	1306 LEEWOOD DRIVE
	(Address)
	ALLAHASSEE, FLORIDA 32312
	(City/State and Zip Code)
For further information concerning this n	natter, please call:
JAMES B. REDNER	at (850) 422-2274
(Name of Person)	(Area Code & Daytime Telephone Number)

STREET ADDRESS:

TO:

Registration Section Division of Corporations

> 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 COMPAN

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The name of the Limited Liability Company is:

CORAL INSURANCE ADVISORS, LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
4000 Hollywood Blvd., Suite 285S	4000 Hollywood Blvd., Suite 285S
Hollywood, Florida 33021	Hollywood, Florida 33021

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

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

JAMES A. ESSE	
Name	
4000 Hollywood Blvd., Suite 285S	
Florida street address (P.O. Box NOT accepta	ible)
Hollywood, FLORIDA	33021
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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Name and Address: Title:

"MGR" = Manager

"MGRM" = Managing Member

13782 Monaco Way NORMAN BARHAM, MGR

Palm Beach Gardens, Florida 33410

1500 NW 168th Avenue JAMES A. ESSE, MGR

Pembroke Pines, Florida 33028

2118 NE 15th Street SUSAN STRAKER-VIRTUE, MGR

Fort Lauderdale, Florida 33304

3699 Toulouse Drive BERNARD M. MEYERS, MGR

Palm Beach Gardens, Florida 33410

15 West 81st Street, Apt. 14C CHRISTINE LASALA, MGR

New York, New York 10024

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of

perjury that the facts stated herein are true.)

Typed or printed name of signee