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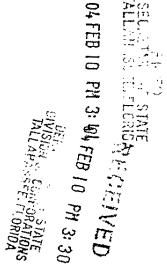
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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Singleton's At + Associate, 1-1 (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:		
Latricia A. Singleton		
(Name of Person)  Thousand		
Singleton's 1-b Associates, LTD	<b></b>	
1241 W. Thaze St., C6		
(Address)		
1911, FL 32303 (City/State and Zip Code)		
(City/State and Zip Code)	70	至
For further information concerning this matter, please call:	04 FEB 10	
Hathicia A. Sinyeton at (860) 383-1940 (Name of Person) (Area Code & Daytime Telephone Number)	, 119 01	244 /mm 1 14 m/ 1 14 m
(Name of reson) (Name Code & Daytime reteptione 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:		
Singleton's Insurance & Associates, LLC  ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Com	npany is	s:
Principal Office Address: Mailing Address:		
1241 W. Tharpe St. Cl 1241 W. Tharps	<u>.St</u> .	c 6
Tall, FL 32303 Tall, FL 3230	<u>53</u>	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent are:  Patricia A. Singleton  Name    Description   Description	04 FEB 10 PM 3: 41	SECRETARY DE STATE
g been named as registered agent and to accept service of process for the above stated limited li any at the place designated in this certificate. I hereby accept the appointment as registered age.		

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: "MGR" = Manager

"MGRM" = Managing Member	
MGRM	Patricia A. Singleton 171 O'West Way Havene, FL 33333
<del></del>	
Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

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)