

L04000040126

Division of Corporations

Page 1 of 1

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LIMITED LIABILITY COMPANY

Bailey Employee Benefits, LLC

lv 05/27/09

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50



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 26, 2004

UPCHURCH BAILEY & UPCHURCH PA

SUBJECT: BAILEY EMPLOYEE BENEFITS, LLC
REF: W04000020377

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**ARTICLES OF ORGANIZATION
OF
BAILEY EMPLOYEE BENEFITS, LLC**

THE UNDERSIGNED MEMBER hereby adopts the following Articles of Organization for the purpose of forming a limited liability company under the Florida Limited Liability Company Act.

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ARTICLE I

Company Name and Principal Office

The name of the limited liability company shall be Bailey Employee Benefits, LLC (the "Company"), and the mailing and street address of the Company's principal office shall be located at 1200 Plantation Island Drive #210, St. Augustine, Florida 32080. However, the members shall have the power and authority to establish branch offices at any other place or places as they may so designate.

ARTICLE II

Management

This Company shall be managed by two (2) managers initially. However, the number of managers may be increased or diminished from time to time by unanimous vote of the members, but shall never be less than one (1) nor more than three (3).

The name and address of the initial managers is as follows:

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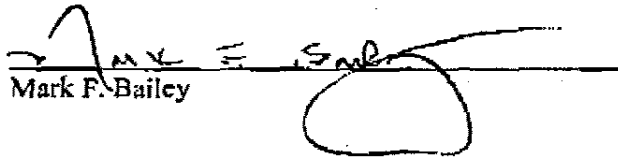
<u>NAME</u>	<u>ADDRESS</u>
Mark F. Bailey	1200 Plantation Island Drive #210 St. Augustine, Florida 32080
James A. Harbour	1795 Arbor Drive Fernandina Beach, Florida 32034

ARTICLE III
Registered Agent and Office

The name of the Company's initial registered agent is Mark F. Bailey, and the street and mailing address of the Company's initial registered agent in Florida is 1200 Plantation Island Drive #210, St. Augustine, Florida 32080.

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IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization on this 25th day of May, 2004.



 Mark F. Bailey

STATE OF FLORIDA
COUNTY OF ST. JOHNS

THE FOREGOING INSTRUMENT was acknowledged before me this 25th day of May, 2004, by Mark F. Bailey, who did not take an oath and who (notary must check applicable box):

is personally known to me.
 produced current driver's license as identification.

Audit #H04000112969 3

produced _____ as identification.



Johanna S. Davies
My Commission DD170288
Expires August 17 2005

Johanna S. Davies
Notary Public

ACCEPTANCE BY REGISTERED AGENT

I am familiar with and accept the duties and responsibilities as Registered Agent
for Bailey Employee Benefits, LLC.

Mark F. Bailey
Mark F. Bailey

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