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SECRETARY OF STATE TALLA A.SSEE. FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	FILED
SUBJECT: ASSUrance Resource Caroup, LLC (Name of Limited Liability Company)	2004 OCT -5 P 1:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tim North (Name of Person)	
(Firm/Company)	
2536 Countryside Bivd., Sixth Floor (Address)	
Clearwater, FL 33763 (City/State and Zip Code)	·
For further information concerning this matter, please call:	
Miranda Croft at (727) 726-0726 (Name of Person) (Area Code & Daytime Telephone Num	ber)

STREET ADDRESS: Registration Section Division of Corporations

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

FILED

2004 OCT -5 P 1:59

ARTICLE I - Name: The name of the Limited Liability Company is: Assurance Resource Circup, 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:** 2536 country side Blvd., Sixth FL 2536 Countryside Blvd. Clearwater FL Sixth Floor Clearwater FL 33763 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Heather North 2536 Countryside Blvd. Sixth Floor Florida street address (P.O. Box NOT acceptable) Clearwater, FLORIDA 33763 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...

Page 1 of 2 (CONTINUED)

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

. . . .

FILED

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

Title:	Name and Address:	2004	OCT	-5	P	1: 59
"MGR" = Manager "MGRM" = Managing Member		GEC TALL	RETA AHA:	ARY SSEE	OF S	TATE ORIDA
MGR	Tim North 7536 Countryside Blvd., 5 Clearwater, FL 33763	Sixth F				
						-
		, ·				-
(Use attachment if necessary)						
NOTE: An additional article must be	added if an effective date is requ	ested.				
REQUIRED SIGNATURE: Signature of a member or an a	uthorized representative of a member.	≕.				
	.408(3), Florida Statutes, the execution affirmation under the penalties of perjury					

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)

Tim North

Typed or printed name of signee