

12 Oct 2004 16:48

ALA#CORPORATE#SERVICES

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Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247

Phone : (877) 527-3463

Fax Number : (305) 675-2811

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

CUMINGS CATASTROPHE REALTY, LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
CUMINGS CATASTROPHE REALTY, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:
1414 COUNTY RD. JJ
NEENAH, WI 54956

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351

Having been named as registered agent 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, F.S..

Paul Smith V.P.
Registered Agent's

ARTICLE V MEMBERS (optional)

Managing Member:
CORY J CUMINGS
1414 COUNTY RD. JJ
NEENAH, WI 54956

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Signature of ~~Cumings~~ member of ~~Cumings~~ authorized representative of a

(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.

CORY J CUMINGS

Typed or printed name of signee

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