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LIMITED LIABILITY COMPANY

Crown Valley Insurance Agency of Florida LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Audit # H04000236077

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name and Address

The name of this Limited Liability Company is:

Crown Valley Insurance Agency of Florida LLC

The mailing address and street address of the Limited Liability Company are:

302 Boyd Drive Key Largo, FL 33037

ARTICLE II Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

ARTICLE III Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

ARTICLE IV

Powers

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3249 W Cypress St., Suite C. Tampa, FL 33607, (813)-875-1333.

Audit # H04000236077

ARTICLE V Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

302 Boyd Drive Key Largo, FL 33037

and the name of its registered agent at such address is:

Violetta Ann Whiting

ARTICLE VI Management

This Limited Liability Company shall have Two Manager(s) or Managing Member(s). The name and address of Manager(s) or Managing Member(s) are:

Name and Address

Violetta Ann Whiting, Managing Member 302 Boyd Drive Key Largo, FL 33037

Kelly Gahan Whiting, Managing Member 302 Boyd Drive Key Largo, FL 33037

Dated: Tuesday, November 30, 2004

Violetta Ann Whiting

SECRETARY OF STATE AND ANASSEE FLORIDA

Audit # H04000236077

ACCEPTANCE BY REGISTERED AGENT

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.

Date: November 30, 2004

2004 HOW 30 HM 9. 52 SECRETARY OF STATE TAIL LAHASSEE. FLORIDA