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Division of Corporations

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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From:

Account Name : STANTON AND GASDICK, P.A.
Account Number : 075350000152
Phone : (407) 423-5203
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
AMERICAN PRIDE INSURANCE AGENCY, LLC

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**ARTICLES OF ORGANIZATION OF
AMERICAN PRIDE INSURANCE AGENCY, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "AMERICAN PRIDE INSURANCE AGENCY, LLC".

ARTICLE II — Address:

The mailing address and street address of the principal office of the Company is:

2611 Technology Drive
Orlando, Florida 32804

ARTICLE III — Registered Agent:

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

Michael J. Gasdick, Esquire
37 North Orange Avenue
Suite 210
Orlando, Florida 32801

ARTICLE IV — Management:

The Company is to be managed by members.

ARTICLE V — Limitation on Agency Authority of Members:

Pursuant to section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

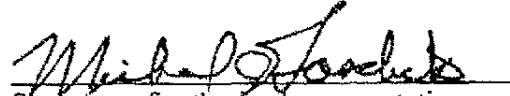
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2005 JAN 26 A 10: 50

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 26 day of January, 2005. STATE OF FLORIDA

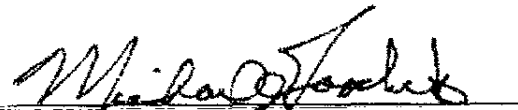

Signature of authorized representative
Michael J. Gasdick

(In accordance with section 608.408(3), Florida Statutes, the execution of this change constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


Signature of Registered Agent
Michael J. Gasdick

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