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SHUFFIELD LOWMAN

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Account Name : SHUFFIELD LOWMAN
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LIMITED LIABILITY COMPANY

MSM INSURANCE & FINANCIAL GROUP, LLC

Certificate of Status	0
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3p

**ARTICLES OF ORGANIZATION
OF
MSM INSURANCE & FINANCIAL GROUP, LLC
A Florida Limited Liability Company**

**ARTICLE I
NAME**

The name of this limited liability company is MSM INSURANCE & FINANCIAL GROUP, LLC, referred to in these Articles of Organization as the "Company".

**ARTICLE II
MAILING AND STREET ADDRESS**

The street address of the principal office of the Company is as follows:

381 S. Central Avenue
Oviedo, FL 32765

The mailing address of the principal office of the Company is as follows:

381 S. Central Avenue
Oviedo, FL 32765

**ARTICLE III
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall be deemed to have commenced on February 14, 2005.

**ARTICLE IV
REGISTERED AGENT**

The address of the initial Registered Office and the Registered Agent at such address are as follows:

Tobby Silver
381 S. Central Avenue
Oviedo, FL 32765

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**ARTICLE V
MANAGEMENT**

The Company is to be a manager-managed company. A manager may receive compensation for his services. The name and address of the initial manager are as follows:

Tobby Silver
381 S. Central Avenue
Oviedo, FL 32765

**ARTICLE VI
APPLICABLE LAW**


The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.


Toby Silver, Member

**ACCEPTANCE OF DESIGNATION
OF
REGISTERED AGENT**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 of the Florida Statutes.


Toby Silver

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