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LIMITED LIABILITY COMPANY

First Home Insurance Agency, LLC

Certificate of Status	0
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Page Count	03
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**ARTICLES OF ORGANIZATION  
OF  
FIRST HOME INSURANCE AGENCY, LLC**

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

**ARTICLE I — Name:**

The name of the limited liability company is:

FIRST HOME INSURANCE AGENCY, LLC

**ARTICLE II — Address:**

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

c/o Glencoe Capital, LLC  
222 West Adams Street, Suite 1000  
Chicago, Illinois 60606

**ARTICLE III — Duration:**

The period of duration for the Limited Liability Company shall be perpetual.


**ARTICLE IV — Registered Agent:**

The name and address of the registered agent for service of process in the state shall be:

CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

**ARTICLE V — Management:**

The Limited Liability Company will be a manager-managed company.

  
\_\_\_\_\_  
Samuel W. Wales, Esq.  
Authorized Signatory

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**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT  
FIRST HOME INSURANCE AGENCY, LLC**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.*

CT CORPORATION SYSTEM

By: Barbara Atunko  
Print Name: \_\_\_\_\_  
Print Title: \_\_\_\_\_

Dated: April 4, 2005

**BARBARA A. ATKINS  
SPECIAL ASSISTANT SECRETARY**

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