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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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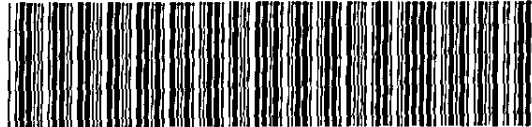
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Insurance Partners of Southwest Florida, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James D. Rudd  
(Name of Person)

c/o The John Galt Insurance Agency  
(Firm/Company)

3511 NE 22<sup>nd</sup> Avenue  
(Address)

Fort Lauderdale, FL 33308  
(City/State and Zip Code)

For further information concerning this matter, please call:

James D. Rudd at (954) 818-1246  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

STATE  
OF  
FLORIDA

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ARTICLES OF ORGANIZATION  
OF  
INSURANCE PARTNERS OF SOUTHWEST FLORIDA, LLC

Under Section 608.407 of the Florida Statutes

THE UNDERSIGNED, being a natural person of at least eighteen (18) years of age and acting as the organizer of the limited liability company (the "Company") hereby being formed under Section 608.407 of the Florida Statutes, certifies that:

FIRST: The name of the Company is INSURANCE PARTNERS OF SOUTHWEST FLORIDA, LLC

SECOND: The mailing address of the Company is c/o James D. Rudd; 3511 NE 22<sup>nd</sup> Avenue, Fort Lauderdale, Florida 33308.

THIRD: The name and street address of its initial registered agent for service of process in the State of Florida is James D. Rudd; 3511 NE 22<sup>nd</sup> Avenue, Fort Lauderdale, Florida 33308. The foregoing designated registered agent hereby accepts his appointment as registered agent and acknowledges that he is familiar with, and accepts, the obligations of that position as provided for in Florida Statutes Chapter 608.

FOURTH: The Company is formed for the purpose of operating a marketing and sales department and for any other lawful purpose.

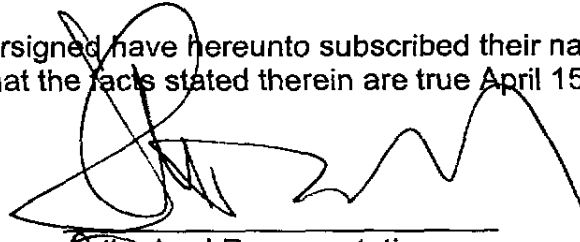
FIFTH: The Company is to be managed by a managing member.

SIXTH: A member shall not be personally liable to the Company or its members for damages for any breach of duty as a manager, except for any matter in respect of which such member shall be liable by reason that, in addition to any and all other requirements for such liability, there shall have been a judgment or other final adjudication adverse to such member that establishes that such member's acts or omissions were in bad faith or involved intentional misconduct or a knowing violation of law or that such member personally gained in fact a financial profit or other advantage to which such member was not legally entitled or as otherwise provided by Chapter 608 of the Florida Statutes.

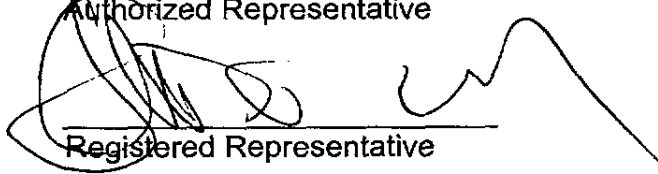
SEVENTH: The Company shall have the power to indemnify, to the full extent permitted by Chapter 608 of the Florida Statutes, as amended from time to time, all persons whom it is permitted to indemnify pursuant thereto.

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OF FLORIDA

In Witness Whereof, the undersigned have hereunto subscribed their names and affirm under the penalties of perjury, that the facts stated therein are true April 15th, 2005.



Authorized Representative



Registered Representative

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SEC. OF STATE  
TAMPA, FLORIDA