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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY  
INSURANCE MANAGEMENT COMPANY, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
INSURANCE MANAGEMENT COMPANY, LLC**

**ARTICLE I-NAME**

The name of the limited liability company shall be INSURANCE MANAGEMENT COMPANY, LLC (the "Company").

**ARTICLE II-MAILING AND STREET ADDRESS**

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

1850 Boy Scout Drive, Suite A101  
Fort Myers, Florida 33907

**ARTICLE III-EFFECTIVE DATE**

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

**ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company is:

**Name**

**Address**

JOHN J. NELSON

1850 Boy Scout Drive, Suite A101  
Fort Myers, Florida 33907

**ARTICLE V-PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

**ARTICLE VI-MANAGEMENT OF THE COMPANY**

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the names and

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addresses of the initial Managers who shall serve as the Managers of the Company until their successors are elected and qualified:

<u>Name</u>	<u>Address</u>
JOHN J. NELSON	1850 Boy Scout Drive, Suite A101 Fort Myers, Florida 33907
R. MARK WEBB	1850 Boy Scout Drive, Suite A101 Fort Myers, Florida 33907

#### ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being a Member of the Company, has executed these Articles of Organization this 4<sup>th</sup> day of August, 2005.

  
JOHN J. NELSON, Member

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is INSURANCE MANAGEMENT  
COMPANY, LLC.
2. The name and address of the registered agent and office is:

John J. Nelson  
1850 Boy Scout Drive, Suite A101  
Fort Myers, Florida 33907

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.

  
JOHN J. NELSON, Registered Agent