

LD5000079626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

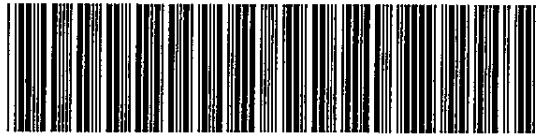
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N. Culligan AUG 12 2005

HICKS  
BRAMS  
&  
MOTTO  
ATTORNEYS AT LAW

August 10, 2005

**Via Federal Express**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

*Daniel J. Brams*

*James H. Hicks\**

*Michael A. Motto*

*Peter S. Van Keuren\**

*Donald W. Vollender*

**Re: Filing – Insurance Compass, LLC**

Dear Sir/Madam:

—  
\*BOARD CERTIFIED  
CIVIL TRIAL LAWYER

Enclosed herewith please find the original and one copy of the Articles of Organization for a Limited Liability Company. Also enclosed please find our firm check in the amount of \$125.00 which represents your fee for the filing fee for same.

Should you have any questions or comments regarding this matter, please do not hesitate to contact me.

Very truly yours,

  
Daniel J. Brams

DJB/jlp

cc: Insurance Compass, LLC

Enclosures

**ARTICLES OF ORGANIZATION FOR A  
LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability is: INSURANCE COMPASS, LLC

**ARTICLE II - Address:**

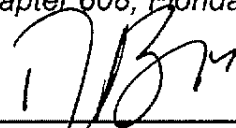
The mailing address and street address of the principal office of the Limited Liability Company is:

222 Lakeview Avenue  
Suite 1660  
West Palm Beach, Florida 33401

**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:**

Daniel J. Brams, Esquire  
Hicks, Brams, Scher & Motto  
1645 Palm Beach Lakes Boulevard  
Suite 1050  
West Palm Beach, FL 33401

*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, Florida Statutes.*



\_\_\_\_\_  
Signature of Registered Agent



\_\_\_\_\_  
Signature of Member or an authorized representative of a Member

Richard M. Flah

\_\_\_\_\_  
Typed or printed name of signee

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