

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L05000082303
FILED 8:00 AM
August 19, 2005
Sec. Of State
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Article I

The name of the Limited Liability Company is:

WORK COMP SPECIALISTS OF FLORIDA LLC

Article II

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

5 MIRACLE STRIP LOOP
SUITE 1
PANAMA CITY BEACH, FL. 32407

The mailing address of the Limited Liability Company is:

PO BOX 9435
PANAMA CITY BEACH, FL. 32417

Article III

The purpose for which this Limited Liability Company is organized is:

WORKERS COMP INSURANCE

Article IV

The name and Florida street address of the registered agent is:

JOHN CAMPBELL KEVIN
5 MIRACLE STRIP LOOP
SUITE 1
PANAMA CITY BEACH, FL. 32407

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.

Registered Agent Signature: JOHN KEVIN CAMPBELL

Article V

The name and address of managing members/managers are:

Title: MGR
JOHN CAMPBELL KEVIN
PO BOX 9435
PANAMA CITY BEACH, FL. 32417

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Article VI

The effective date for this Limited Liability Company shall be:

08/19/2005

Signature of member or an authorized representative of a member

Signature: JOHN KEVIN CAMPBELL