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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

ATLANTIC INSURANCE GROUP LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**In compliance with Chapter 608, F.S.****ARTICLE I NAME**

The name of the Limited Liability Company is:
ATLANTIC INSURANCE GROUP LLC

ARTICLE II ADDRESS

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

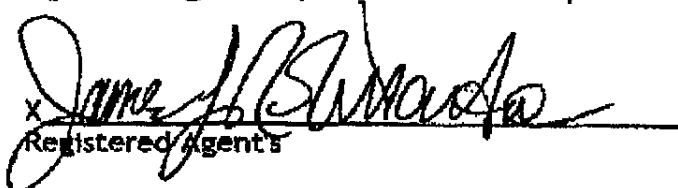
124 S Federal Hwy
Pompano Beach, FL 33062-5320

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

JAMES L. ROBILLARD II
124 S Federal Hwy
Pompano Beach, FL 33062-5320

Having been named as registered agent 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, F.S..

x 
Registered Agent's

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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ATLANTIC INSURANCE GROUP LLC

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

JAMES L. ROBILLARD II

124 S Federal Hwy

Pompano Beach, FL 33062-5320

MANAGING MEMBER:

JASON T. GRODENSKY

124 S Federal Hwy

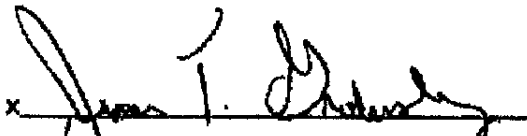
Pompano Beach, FL 33062-5320

MEMBER:

DTRT INSURANCE GROUP, INC.

2400 E COMMERCIAL BLVD # 825

FORT LAUDERDALE FL 33308



Signature of a member or an authorized representative of a
(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.

JASON T. GRODENSKY

Typed or printed name of signee

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