

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : STEARNS WEAVER MILLER, ET AL.  
Account Number : 076077002504  
Phone : (305)789-3200  
Fax Number : (305)789-3395

**LIMITED LIABILITY COMPANY**

**Poe Insurance Managers, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |

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ARTICLES OF ORGANIZATION  
OF  
POE INSURANCE MANAGERS, LLC

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
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The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 608, as amended, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I  
NAME

The name of the Limited Liability Company is POE INSURANCE MANAGERS, LLC (the "Company").

ARTICLE II  
ADDRESS

The mailing address and street address of the principal office of the Company is 302 Knights Run Avenue, Suite 700, Tampa, Florida 33602.

ARTICLE III  
DURATION

The period of duration for the Company shall be perpetual.

ARTICLE IV  
REGISTERED OFFICE AND AGENT AND ADDRESS


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

| <u>Name</u>          | <u>Address</u>  |
|----------------------|---|
| Thomas S. Krzesinski | 302 Knights Run Avenue<br>Suite 700<br>Tampa, Florida 33602 |

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IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Organization for the foregoing uses and purposes this 18<sup>th</sup> day of November, 2005.

  
Thomas S. Krzesinski  
Authorized Representative of Members

REGISTERED AGENT'S ACCEPTANCE

The undersigned having been named as registered agent and to accept service of process for Poe Insurance Managers, LLC at the place designated in this certificate, hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 608, Florida Statutes.

Dated: November 18, 2005

  
Thomas S. Krzesinski, Registered Agent

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