Electronic Articles of Organization
For
Florida Limited Liability Company

L06000010428
FILED 8:00 AM
January 30, 2006
Sec. Of State
alunt

Article I

The name of the Limited Liability Company is:

STATEWIDE INSURANCE LLC

Article II

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

12214 US HWY 301
DADE CITY, FL. 33525

The mailing address of the Limited Liability Company is:

12214 US HWY 301
DADE CITY, FL. 33525

Article III

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

INDEPENDENT INSURANCE AGENCY

Article IV

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

MARK W CAPES
36750 JEFFERSON AVE
DADE CITY, FL. 33523

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: MARK CAPES

Article V

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The name and address of managing members/managers are:

Title: MGRM
MARK W CAPES
36750 JEFFERSON AVE
DADE CITY, FL. 33523

Title: MGRM
KEVIN D FECTEAU
14437 OLD MISSION RD
DADE CITY, FL. 33523

Signature of member or an authorized representative of a member

Signature: MARK CAPES