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Florida Department of State

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Account Number : I20000000216
Phone : (813)221-2626
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Collegiate Risk Management, LLC

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ARTICLES OF ORGANIZATION OF COLLEGIATE RISK MANAGEMENT, LLC

A Florida Limited Liability Company

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I -- Name

The name of the limited liability company (hereinafter referred to as the "Company") is:

Collegiate Risk Management, LLC

ARTICLE II — Address

The street address of the principal office and the mailing address of the Company is

110 Athens Street Tarpon Springs, Florida 34689

ARTICLE III — Registered Agent

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

Kenneth G. Turkel, Esq.
Williams Schifino Mangione & Steady, P.A.
One Tampa City Center, Suite 2600
Tampa, Florida 33602

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ARTICLE IV — Management

The Company is to be managed by its members, and is therefore a member-managed limited liability company.

ARTICLE V - Operating Agreement

Any Operating Agreement, as defined in Section 608.402(24) of the Florida Limited Liability Company Act ("FLLCA"), relating to the Company, must be in writing and signed by all of its members.

ARTICLE VI - Limitation on Agency Authority of Members

Pursuant to Section 608.4235 of FLLCA, no member of the Company shall be an agent of the Company solely by virtue of being a member.

ARTICLE VII - Date of Existence

Pursuant to Section 608.409(1) of FLLCA, the existence of the Company shall commented effective upon the acceptance of the filing hereof by the Florida Department of State.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 12th day of April, 2006.

Kenneth G. Turkel, Esq., Authorized Representative

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

Kenneth G. Turkel, Esq.

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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for COLLEGIATE RISK MANAGEMENT, LLC at the place designated in this statement below. 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 under Chapter 608, Florida Statutes.

IN WITNESS WHEREOF, I have signed this Statement Accepting Appointment as Registered Agent this 12th day of April, 2006.

Kenneth G. Turkel, Esq., Registered Agent Williams Schifino Mangione & Steady, P.A. One Tampa City Center, Suite 2600 Tampa, Florida 33602

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

Kenneth G. Turkel, Esq.

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