

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

L06000047945
FILED 8:00 AM
May 09, 2006
Sec. Of State
gharvey

Article I

The name of the Limited Liability Company is:

CLA INSURANCE, LLC

Article II

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

9010 SW 137TH AVENUE
SUITE 119
MIAMI, FL. 33186

The mailing address of the Limited Liability Company is:

5201 BLUE LAGOON DR.
SUITE 800
MIAMI, FL. 33126

Article III

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

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

BRIAN A GEORGE
5201 BLUE LAGOON DR.
#800
MIAMI, FL. 33126

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: BRIAN A. GEORGE

Article V

The name and address of managing members/managers are:

Title: MGRM
BRIAN A GEORGE
5201 BLUE LAGOON DR. #800
MIAMI, FL. 33126

Title: MGRM
SCOTT TEMARES
1657 NE 196 STREET
NORTH MIAMI BEACH, FL. 33179

Article VI

The effective date for this Limited Liability Company shall be:

05/09/2006

Signature of member or an authorized representative of a member

Signature: BRIAN A. GEORGE

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