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DIVISION OF CORPORATIONS
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B. McKnight JUN 05 2006



Attorney at Law

DOUGLAS J. BURNS, P.A.

2559 Nursery Road - Suite A
Clearwater, FL 33764

Ph. (727) 725-2553
Fax (727) 725-9584



**Certified Public
Accountant**

May 24, 2006

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Everbright Insurance, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of the above-referenced Articles of Organization, along with my check in the amount of \$125.00 for the filing fee.

Please file the Articles of Organization at your earliest convenience and return the confirmation of filing to 2559 Nursery Road, Suite A, Clearwater, Florida 33764.

Thank you for your assistance. Please do not hesitate to contact me if you have any questions or concerns.

Respectfully,

DOUGLAS J. BURNS, P.A.

Deborah A. Gibson, CPS

Deborah A. Gibson, CPS

Enclosures

**ARTICLES OF ORGANIZATION
FOR
EVERBRIGHT INSURANCE, LLC**

FILED
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DIVISION OF CORPORATIONS
09 MAY 31 PM 12:37

The undersigned, he being a natural person, competent to contract for the purpose of forming a limited liability company under the laws of the State of Florida, does hereby adopt the following articles of organization in accordance with Section 608.401.

ARTICLE I

NAME OF BUSINESS: The name of the Limited Liability Company shall be **EVERBRIGHT INSURANCE, LLC**

ARTICLE II

NATURE OF BUSINESS: The general nature and purpose of business to be transacted, promoted and carried on by the company is to engage in any activity or business now or hereafter authorized and permitted under the laws of the United States and the State of Florida to be done or exercised by a company organized for profit.

ARTICLE III

INITIAL CAPITAL: The amount of capital with which this company shall begin business is Five Hundred and 00/100 Dollars (\$500.00).

ARTICLE IV

TERM OF EXISTENCE: This company shall have a perpetual term of existence, commencing upon receipt of these Articles by the Secretary of State.

ARTICLE V

ADDRESS OF BUSINESS: The initial mailing and business address of the principal office of the proposed company in the State of Florida shall be:

2559 Nursery Road, Suite A
Clearwater, Florida 33764

ARTICLE VI

INITIAL REGISTERED AGENT: The name and street address of the initial registered agent is: Douglas J. Burns, 2559 Nursery Road, Suite A, Clearwater, Florida 33764.

ARTICLE VII

MANAGEMENT: The Limited Liability Company is to be managed by the manager.

Initials 

IN WITNESS WHEREOF, the undersigned subscriber to this instrument, Articles of Organization of **EVERBRIGHT INSURANCE, LLC**, places his hand and seal this 22 day of May, 2006 at Clearwater, Florida.

In the presence of:

Deborah A. Gibson
WITNESS

Douglas J. Burns
Douglas J. Burns

WITNESS

STATE OF FLORIDA)
COUNTY OF PINELLAS)

BEFORE ME personally appeared **Douglas J. Burns**, personally known to me or who produced _____ as identification and who did/did not take an oath, and was known to be the person described in and who executed the foregoing instrument as Member to the foregoing Articles of Organization and who, after being first duly sworn, acknowledged that he executed same for the purposes set forth and that all information is true and correct to his best knowledge and belief.

WITNESS my hand and seal on this 22 day of May, 2006 at Clearwater, Florida.

Deborah A. Gibson
NOTARY PUBLIC -STATE OF FLORIDA

My Commission expires:

DEBORAH A GIBSON
Notary Public, State of Florida
My Comm. Expires Nov. 20, 2009
No. DD492262

Initials DTB

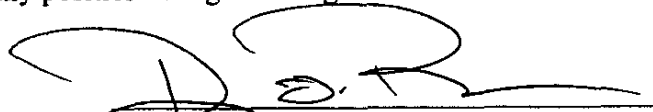
**CERTIFICATION OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the limited liability company is **EVERBRIGHT INSURANCE, LLC**
2. The name and the Florida street address of the registered agent is:

Douglas J. Burns, 2559 Nursery Road, Suite A, Clearwater, Florida 33764

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 properly and complete my duties, and I am familiar with and accept the obligations of my position as registered agent.



Douglas J. Burns

STATE OF FLORIDA)
COUNTY OF PINELLAS)

BEFORE ME personally appeared **Douglas J. Burns**, personally known to me or who produced _____ as identification and who did/did not take an oath, and was known to be the person described in and who executed the foregoing instrument as Member to the foregoing Articles of Organization who, after being first duly sworn, acknowledged that he executed same for the purposes set forth and that all information is true and correct to his best knowledge and belief.


WITNESS my hand and seal on this 22 day of May, 2006 at Clearwater, Florida.



NOTARY PUBLIC -STATE OF FLORIDA

My Commission expires:

DEBORAH A GIBSON
Notary Public, State of Florida
My Comm. Expires Nov. 20, 2009
No. 00492262

FILED
MAY 31 PM 12:00
DIVISION OF STATE
SECRETARY OF CORPORATIONS

Initials _____