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LAW OFFICES
JOHN P. COLLINS, P.A.
ATTORNEY AT LAW

REAL ESTATE LAW

WILLS, TRUSTS, AND PROBATE

BUSINESS AND CORPORATE LAW

ATTORNEY MORTGAGE SERVICES

59 LAKE MORTON DRIVE
LAKELAND, FL 33801

TELEPHONE
(863) 682-8282

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(863) 682-7781

August 1, 2006

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32399-6327

Re: BKT INSURANCE, LLC

To Whom it May Concern:

Enclosed please find the following documents:

1. The original and one (1) copy of the Articles of Organization;
2. The original and one (1) copy of a Certificate of Designation of Registered Agent/Registered Office; and
3. Filing Fee check payable to the Division of Corporations.

Once filed, please forward a set of copies back to my office along with a certificate of status. I have enclosed a self-addressed, stamped envelope for your convenience.

In the event the name "BKT INSURANCE, LLC" is **NOT** available, please contact this office **immediately** so that we may contact our client and resubmit another name proposal to you.

Thank you for your assistance in this regard.

Sincerely,

JOHN P. COLLINS, P.A.

John P. Collins, Jr., Esquire

JPC/mlk
Enclosures
cc: client

**ARTICLES OF ORGANIZATION
OF
BKT INSURANCE, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

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DIVISION
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ARTICLE I - NAME

The name of the limited liability company shall be: BKT INSURANCE, LLC ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company is 3315 Sangria Pass, Lakeland, Florida 33811.


ARTICLE III - REGISTERED AGENT AND OFFICE

The name and street address of the registered agent of the company in the state of Florida is Bryan K. Todd, 3315 Sangria Pass, Lakeland, Florida 33811.

ARTICLE IV - MANAGEMENT

The company is to be managed by the member(s).

IN WITNESS WHEREOF, the undersigned member or authorized representative has made and subscribed these articles of organization in Lakeland, Polk County, Florida, on August ____ 2006.

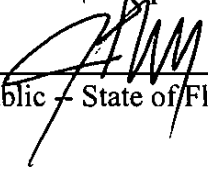

Bryan K. Todd

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

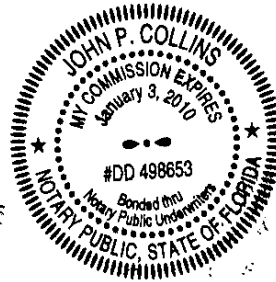
STATE OF FLORIDA
COUNTY OF POLK

Sworn to and subscribed before me on August 1, 2006, by Bryan K. Todd, who is personally
known to me OR A produced identification.

Type of identification produced: Florida Driver's License



Notary Public - State of Florida



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

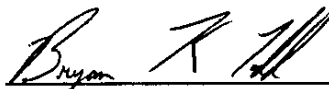
Under the provisions of F.S. 608.415 or 608.507, BKT INSURANCE, LLC, submits the following statement to designate a registered office and registered agent in the state of Florida:

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

Bryan K. Todd

3315 Sangria Pass, Lakeland, Florida 33811.

The undersigned, being the person named in the articles of organization of BKT INSURANCE, LLC, as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated company at the place designated in the articles of organization, and 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 or her duties, and is familiar with and accepts the obligations of the position of registered agent.



Bryan K. Todd
Registered Agent

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