# L06000083276

(Re	equestor's Name)		
(Address)			
(Ad	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
CAU			



000078614380

08/23/06--01006--014 \*\*160.00

RECEIVED

OF AUG 23 AN ID: 32

WHEIPINESSIE: TORTON

06 AUG 23 PH 3: 15
SECRETARY OF STATE
ANALYSEE FLORIN

HNGU FOX (Requestor's Na P.O. BOX 10 (Address) Jallahassce (City, State, Zi	FL 222.3533	OFFICE USE ONLY  ady for pickup.	
CORPORATION NAI	ME(s) & DOCUMENT NUMB	ER(S) (if known):	
1. Compass	Commercialt	insurance Holdings, LLC	
	tion Name)	(Document #)	
2. Copora	tion Name)	(Document #)	
3.	,		
(Corporation Name) (Document #)			
4. (Corporation Name) (Document #)			
		Certified Copy	
The continue copy			
Mail out	Will wait Photocopy	Certificate of Status	
NEW FILINGS	AMENDMENTS		
Profit	Amendment	•	
NonProfit	Resignation of R.A., Officer/Di	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	Dissolution/Withdrawal	
Other	Merger		
OTHER FILINGS	REGISTRATION/ QUALIFICATION		
Annual Report	Foreign		
Fictitious Name	Limited Partnership		
Name Reservation	Reinstatement		

Trademark

#### ARTICLES OF ORGANIZATION

OF

# COMPASS COMMERCIAL INSURANCE HOLDINGS, LLC

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida, do set forth the following:

# 1. NAME.

The name of the Limited Liability Company is Compass Commercial Insurance Holdings, LLC (hereinafter referred to as the "Company").

# 2. ADDRESS OF PLACE OF BUSINESS.

The mailing and street address of the place of business in Florida for the Company is 215 South Monroe Street, Tallahassee, FL 32301. Such address may be changed from time to time as provided in the Operating Agreement.

# 3. <u>REGISTERED AGENT</u>.

The initial registered agent in Florida for the Company is Steven M. Malono, Esq., and the mailing address and street address of the initial registered office is located at 215 South Monroe Street, 2nd Floor, Tallahassee, FL 32301.

# 4. MANAGEMENT.

The Company shall be member managed. There shall be a single Managing

Member until such time, if ever, as the members agree to amend these Articles of

Organization to add additional Managing Members in accordance with the provisions of
the Florida Limited Liability Act and the Operating Agreement. The name and address of

ALC PARTY SELECTION OF THE PARTY SELECTION OF

the sole Managing Member is:

1. John Chaplin, 534 East Harris Street, Savannah, GA, 31401.

# 5. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

### 6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash, and/or a description of the agreed value of property other than cash contributed to the Company, is as follows: one hundred Dollars (\$100) in cash.

# 7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

# 8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

### 9. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Member to the full extent permitted under the Florida Limited Liability Company Act.

#### 10. PURPOSE.

The purpose for which the Company is organized is sales and marketing of insurance products and engaging in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

# 11. EFFECTIVE TIME.

These Articles shall be effective when filed with the Florida Department of State.

Executed at Arasley, NY, on the 21st day of August, 2006.

3y: 📈

Managing Membe

STATE OF FLORIDA,

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this \_\_\_\_\_\_ day of August, 2006, by John Chaplin, Managing Member of Compass Commercial Insurance Holdings, LLC, a Florida limited liability company, on behalf of the company. He is personally known to me.

Commission Explres Apr. 24, 20

Qualified in Westobester County

NOTARY PUBLIC - SPATE OF FLORIDA

(SEAL)

LIM KIM A.

Notary Public, State of New York

No. 01L16144154

Qualified in Westchester County

Commission Expires Apr. 24, 20

# ACCEPTANCE OF REGISTERED AGENT

Having been named the Registered Agent in the State of Florida for Compass Commercial Insurance Holdings, LLC, at the place designated in the Articles of Organization, Steven M. Malono agrees to act in this capacity, and agrees to comply with the provisions of Chapter 608, Florida Statutes, relative to keeping open such office.

Steven M. Malono

Date: 8-22-06