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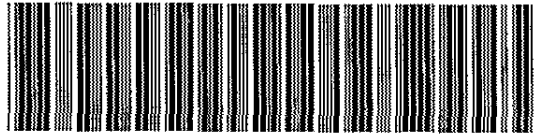
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# CAPITAL CONNECTION, INC.

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Insurance Managing General  
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- ☐ Certificate of Good Standing
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- ☐ Certificate of Fictitious Name
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- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

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Name

Date

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**ARTICLES OF ORGANIZATION**  
**OF**  
**FITNSURANCE MANAGING GENERAL AGENCY, LLC**

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**ARTICLE I - NAME**

The name of this limited liability company is **FITNSURANCE MANAGING GENERAL AGENCY, LLC** (hereinafter "the Company").

**ARTICLE II - ADDRESS**

The principal street and mailing address of the Company is (Mailing) 1820 N.E. 2<sup>nd</sup> Street, Gainesville, Florida 32609 (street) same.

**ARTICLE III - DURATION**

The Company's existence shall commence upon the filing of these Articles of Organization with the Florida Department of State and said existence shall be perpetual.

**ARTICLE IV – REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent of the initial registered agent of the Company is:

JAMES R. SIRMANS, JR.  
1820 N.E. 2<sup>nd</sup> Street  
Gainesville, FL 32609

**ARTICLE V – PURPOSE**

The Company shall be authorized to engage in and transact any and all lawful business within and without the State of Florida or United States for which Limited Liability Companies may be created under Florida Statutes 608.404, as amended and supplemented.

**ARTICLE VI – ORGANIZER & AUTHORIZED REPRESENTATIVE**

The name and street and mailing address of the person signing these Articles of Organizer is:

JAMES R. SIRMANS, JR.  
1820 N.E. 2<sup>nd</sup> Street  
Gainesville, FL 32609

**ARTICLE VII – MANAGEMENT**

The company will be managed by at least one (1) manager and is, therefore, a manager-managed company. The following shall be the initial managers:

JAMES R. SIRMANS, JR.  
1820 N.E. 2<sup>nd</sup> Street  
Gainesville, FL 32609

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

  
JAMES R. SIRMANS, JR., Authorized  
Representative

**ORGANIZER AND AUTHORIZED REPRESENTATIVE**

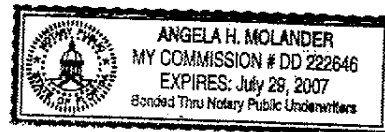
IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these articles of organization at Gainesville, Florida this the 15 day of July, 2006.

  
JAMES R. SIRMANS, JR.

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 15TH day of July,  
2006, by JAMES R. SIRMANS, JR., who is/are personally known to me or have  
produced \_\_\_\_\_ as identification, and who did take an oath.

Angela H. Molander  
Notary Public, State of Florida  
My Commission Expires:



### ACCEPTANCE OF REGISTERED AGENT

I HEREBY ACCEPT this appointment of, and designation as registered agent for service of process within the State of Florida of FITNSURANCE MANAGING GENERAL AGENCY, LLC, named in the Articles of Organization herein above set forth and I do hereby further state that I may be found as registered agent for service of process upon said proposed corporation at the address set forth in Article IV or such Articles.

N WITNESS WHEREOF, as said registered agent, I have caused this statement to be signed on this 15 day of July, 2006.



JAMES R. SIRMANS, JR.