

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

L07000015906  
FILED 8:00 AM  
February 12, 2007  
Sec. Of State  
gmcleod

**Article I**

The name of the Limited Liability Company is:

PHYSICIAN'S PROTECTION, LLC

**Article II**

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

1665 RUTLEDGE ROAD  
LONGWOOD, FL. US 32779

The mailing address of the Limited Liability Company is:

PO BOX 161522  
ALTAMONTE SPRINGS, FL. US 32716

**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:

MICHELLE L MCCORMACK  
1665 RUTLEDGE ROAD  
LONGWOOD, FL. 32779

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: MICHELLE L MCCORMACK

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
MICHELLE MCCORMACK  
1665 RUTLEDGE ROAD  
LONGWOOD, FL. 32779 US

Title: MGRM  
PAUL GRAHAM  
413 1ST STREET SOUTH  
JACKSONVILLE BEACH, FL. 32250 US

Signature of member or an authorized representative of a member

Signature: MICHELLE MCCORMACK

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