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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Brombacher Insurance, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT # 4070000762223

**ARTICLES OF ORGANIZATION
OF
Brombacher Insurance, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Brombacher Insurance, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1980 North Atlantic Avenue, Suite 1007, Cocoa Beach, Florida 32931.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Dean Brombacher, 4836 Fairview Drive, Cocoa Beach, Florida 32931. Located in the County of Brevard.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Dean Brombacher, 4836 Fairview Drive, Cocoa Beach, Florida 32931



Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717

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FAX AUDIT # H070000742223CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Brombacher Insurance, LLC**

The name and address of the registered agent and office is Dean Brombacher, 4836
Fairview Drive, Cocoa Beach, Florida 32931. Located in the County of Brevard.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: Dean Brombacher

Dean Brombacher

Date: 3/21/07FAX AUDIT # H070000742223