

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

L07000035919  
FILED 8:00 AM  
April 04, 2007  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:  
WORK COMP SPECIALISTS OF TAMPA LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
5 MIRACLE STRIP LOOP  
SUITE 1  
PANAMA CITY BEACH, FL. 32407

The mailing address of the Limited Liability Company is:  
PO BOX 9435  
PANAMA CITY BEACH, FL. 32417

**Article III**

The purpose for which this Limited Liability Company is organized is:  
WORKERS COMP INSURANCE AGENCY

**Article IV**

The name and Florida street address of the registered agent is:  
JOHN KEVIN CAMPBELL  
5 MIRACLE STRIP LOOP  
SUITE 1  
PANAMA CITY BEACH, FL. 32407

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: JOHN KEVIN CAMPBELL

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
JOHN KEVIN CAMPBELL  
5 MIRACLE STRIP LOOP SUITE 1  
PANAMA CITY BEACH, FL. 32407

Title: MGRM  
KIAN OSTOVAR  
2233 NW 41ST STREET, SUITE 700-B  
GAINESVILLE, FL. 32606

### **Article VI**

The effective date for this Limited Liability Company shall be:

04/01/2007

Signature of member or an authorized representative of a member

Signature: JOHN KEVIN CAMPBELL

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