

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

L07000041590  
FILED 8:00 AM  
April 18, 2007  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:  
NETWORK INSURANCE CENTER LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
3300 UNIVERSITY DRIVE  
SUITE 407  
CORAL SPRINGS, FL. US 33065

The mailing address of the Limited Liability Company is:  
3300 UNIVERSITY DRIVE  
SUITE 407  
CORAL SPRINGS, FL. US 33065

**Article III**

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

**Article IV**

The name and Florida street address of the registered agent is:  
TREVOR A MILLER  
3300 UNIVERSITY DRIVE  
SUITE 407  
CORAL SPRINGS, FL. 33065

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: TREVOR A. MILLER

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
CANDICE MCKENZIE  
3760 NW 115TH WAY APT#12  
CORAL SPRINGS, FL. 33065 US

Title: MGR  
TREVOR A MILLER  
12365 NW 62ND COURT  
PARKLAND, FL. 33076 US

### **Article VI**

The effective date for this Limited Liability Company shall be:

04/18/2007

Signature of member or an authorized representative of a member

Signature: CANDICE MCKENZIE

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