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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

FLORIDA/FOREIGN LIMITED LIABILITY CO.

S & B INSURANCE, LLC.

Certificate of Status	0
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T Hampton AUG 30 2007

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

S & B INSURANCE, LLC.

ARTICLE II ADDRESS

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

6828 W ATLANTIC BLVD

MARGATE FL 33063-6045

And the mailing address is:

13925 N FOREST OAK CIR

DAVIE FL 33325-6713

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ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

SALLY DALEY

13925 N FOREST OAK CIR

DAVIE FL 33325-6713

Having been named as registered agent 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 as provided for in Chapter 608, F.S..

x Sally Daley

SALLY DALEY, / Registered Agent

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:
SALLY DALEY
13925 N FOREST OAK CIR
DAVIE FL 33325-6713

x Sally Daley

Signature of a member or an authorized representative of a member
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

SALLY DALEY
Typed or printed name of signee

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