

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

L07000104671  
FILED 8:00 AM  
October 15, 2007  
Sec. Of State  
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**Article I**

The name of the Limited Liability Company is:

FAMILY INSURANCE AGENCY, LLC.

**Article II**

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

1584 KOHLENBERG AVE  
NORTH PORT, FL. US 34288

The mailing address of the Limited Liability Company is:

1584 KOHLENBERG AVE  
NORTH PORT, FL. US 34288

**Article III**

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

SELL AND SERVICE INSURANCE.

**Article IV**

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

ROCHELLE WILLIAMS  
1584 KOHLENBERG AVE  
NORTH PORT, FL. 34288

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: ROCHELLE WILLIAMS

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
ROCHELLE WILLIAMS  
1584 KOHLENBERG AVE  
NORTH PORT, FL. 34288 US

Title: MGRM  
MICHAEL MILLER  
1584 KOHLENBERG AVE  
NORTH PORT, FL. 34288 US

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### **Article VI**

The effective date for this Limited Liability Company shall be:

10/14/2007

Signature of member or an authorized representative of a member

Signature: ROCHELLE WILLIAMS