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(Requestor's Name)

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(City/State/Zip/Phone #)

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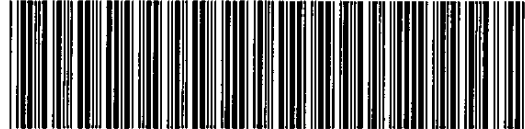
(Business Entity Name)

(Document Number)

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07 OCT 19 PM 4:19
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 OCT 19 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 281443 7133468

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
07 OCT 19 AM 8:34
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : October 19, 2007

ORDER TIME : 3:27 PM

ORDER NO. : 281443-005

CUSTOMER NO: 7133468

DOMESTIC FILING

NAME: RIAN SYSTEMS INTERNATIONAL,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
RIAN SYSTEMS INTERNATIONAL, LLC**

FILED
07 OCT 19 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned authorized representative, acting pursuant to Chapter 608, *Florida Statutes*, hereby forms a limited liability company in accordance with the laws of the State of Florida and adopts the following Articles of Organization for such limited liability company:

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

The name of this limited liability company is RIAN SYSTEMS INTERNATIONAL, LLC.

ARTICLE II - PERIOD OF DURATION

This limited liability company shall exist perpetually, commencing at the date and time of filing of these Articles of Organization, as evidenced by the Florida Department of State's date and time endorsement.

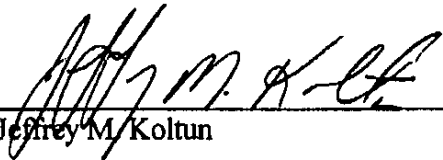
**ARTICLE III - MAILING ADDRESS AND STREET
ADDRESS OF PRINCIPAL OFFICE OF LIMITED LIABILITY COMPANY**

The mailing address of this limited liability company is 519 Estates Place, Longwood, Florida 32779, and the street address of the principal office of the limited liability company is 519 Estates Place, Longwood, Florida 32779.

**ARTICLE IV - NAME AND STREET ADDRESS OF
INITIAL REGISTERED AGENT**

The name of the initial registered agent of this limited liability company is Jeffrey M. Koltun. The street address of the initial registered agent is 557 North Wymore Road, Suite 100, Maitland, Florida 32751.

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 as provided for in Chapter 608, *Florida Statutes*.



Jeffrey M. Koltun

ARTICLE V - MANAGEMENT

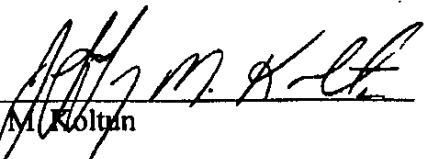
The limited liability company is a member-managed company. The name and address of the sole member of the limited liability company are as follows:

<u>Name</u>	<u>Address</u>
Marilynn Carol Hoeke	519 Estates Place Longwood, Florida 32779

ARTICLE VI - PURPOSE

This limited liability company is organized for the purpose of transacting any or all lawful business for which limited liability companies may be organized under Chapter 608 of the Florida Limited Liability Company Act.

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization on October 19, 2007.



Jeffrey M. Koltun

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WISE INSURANCE AGENCY, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1410 E. Georgia Street

Bartow, Florida, 33830

Mailing Address:

(SAME)

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

William F. Wise, Jr.

Name

1410 E. Georgia Street

Florida street address (P.O. Box **NOT** acceptable)

Bartow, Florida 33830_{FL}

City, State, and Zip

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 as provided for in Chapter 608, F.S.

William F. Wise Jr.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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07 OCT 22 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

William F. Wise, Jr.

1410 E. Georgia Street

Bartow, Florida 33830

MGR

Roberta S. Wise

1410 E. Georgia Street

Bartow, Florida 33830

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

William F. Wise, Jr.

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)