Electronic Articles of Organization
For
Florida Limited Liability Company

L07000112883
FILED 8:00 AM
November 07, 2007
Sec. Of State
btadlock

Article I

The name of the Limited Liability Company is:

COMPLETE INSURANCE SOLUTIONS LLC

Article II

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

3810 SE 9TH PL
OCALA, FL. 34471

The mailing address of the Limited Liability Company is:

3810 SE 9TH PL
OCALA, FL. 34471

Article III

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

INSURANCE

Article IV

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

GERALDINE TRENT
3810 SE 9TH PL
OCALA, FL. 34471

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: GERALDINE TRENT

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Article V

The name and address of managing members/managers are:

Title: MGRM
GERALDINE TRENT
3810 SE 9TH PL
OCALA, FL. 34471

Title: MGRM
MESHAN STREETS
22 PINE TRACE PL
OCALA, FL. 34472

Title: MGRM
RICKY SMITH
22 PINE TRACE PL
OCALA, FL. 34472

Article VI

The effective date for this Limited Liability Company shall be:

11/07/2007

Signature of member or an authorized representative of a member

Signature: GERALDINE TRENT