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3. (Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait	(Document #) Certified Copy Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

INSURANCE AFFILIATES AGENCY, LLC

ARTICLE II - Address

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

201 S. Orange Avenue, Suite 1000 Orlando, FL 32801

ARTICLE III - Registered Agent and Office and Registered Agent's Signature

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

CORPORATION COMPANY OF ORLANDO 300 South Orange Avenue Suite 1000 (RJ) Orlando, Florida 32801-5403

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.

CORPORATION COMPANY OF ORLANDO

By:

(Registered Agent's Signature)
Rod Jones Vice President

Signature of a member or 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.

Rod Jones, Authorized Representative (Typed or printed name of signee)