

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

**L08000038457
FILED 8:00 AM
April 16, 2008
Sec. Of State
gharvey**

Article I

The name of the Limited Liability Company is:

CITYWIDE INSURANCE AND BENEFITS GROUP LLC

Article II

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

3835 PIZARRO RD
JACKSONVILLE, FL. US 32217

The mailing address of the Limited Liability Company is:

P O BOX 15076
JACKSONVILLE, FL. US 32239

Article III

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

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

JENNIFER R GENUS
3835 PIZARRO RD
JACKSONVILLE, FL. 32217

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: JENNIFER GENUS

Article V

The name and address of managing members/managers are:

Title: MGR
JENNIFER R GENUS
3835 PIZARRO RD
JACKSONVILLE, FL. 32217 US

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Signature of member or an authorized representative of a member

Signature: JENNIFER GENUS