

L08000041010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

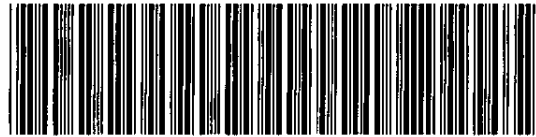
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Office Use Only

G. MCLEOD

APR 24 2008

EXAMINER



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04/23/08--01038--021 **155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 APR 23 PM 2:58

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Program Underwriters, LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

Amy J. Galloway, Esq.
(Contact Person)

Tripp Scott, P. A.
(Firm/Company)

P. O. Box 14245
(Address)

Fort Lauderdale, FL 33302
(City, State and Zip Code)

For further information concerning this matter, please call:

Patty Walls, Paralegal at (954-685-6273) 627-3829
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☒ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Program Underwriters, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation.
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on March 7, 1979.
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Program Underwriters, LLC

(Enter Name of Florida Limited Liability Company)

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DIVISION OF CORPORATION

5. If not effective on the date of filing, enter the effective date: _____.
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 9th day of April 20 08.

Signature of Authorized Person: _____



Printed Name: Donna M. Buto Title: President

Fees:

| | |
|--|--------------------|
| Certificate of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROGRAM UNDERWRITERS, LLC

ARTICLE II - Address:

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

Principal Office Address:

1300 Sawgrass Corporate Parkway
Suite 250
Sunrise, FL 33323

Mailing Address:

1300 Sawgrass Corporate Parkway
Suite 250
Sunrise, FL 33323

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

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

Amy J. Galloway, Esq.
Tripp Scott, P. A.
110 Southeast 6th Street, 15th Floor
Fort Lauderdale, FL 33301

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..



Registered Agent's Signature

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:

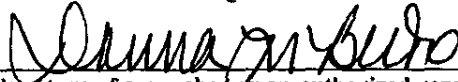
MGRM

DONNA M. BUTO 2000-1 IRREVOCABLE TRUST
1300 Sawgrass Corporate Parkway
Suite 250
Sunrise, FL 33323

MGRM

STEPHEN B. BUTO 2000-1 IRREVOCABLE TRUST
1300 Sawgrass Corporate Parkway
Suite 250
Sunrise, FL 33323

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.)

Donna M. Buto

Typed or printed name of signee