

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

L08000043697  
FILED 8:00 AM  
May 01, 2008  
Sec. Of State  
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**Article I**

The name of the Limited Liability Company is:

LECAIN FAMILY INSURANCE AND FINANCIAL SERVICES, LLC

**Article II**

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

4381 73 AVENUE NORTH  
PINELLAS PARK, FL. 33781

The mailing address of the Limited Liability Company is:

4381 73 AVENUE NORTH  
PINELLAS PARK, FL. US 33781

**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:

PAUL L LECAIN JR  
6357 17 AVENUE NORTH  
SAINT PETERSBURG, FL. 33710

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: PAUL L. LECAIN JR

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
PAUL L LECAIN JR  
6357 17 AVENUE NORTH  
ST. PETERSBURG, FL. 33710 US

Title: MGRM  
ANITA M LECAIN  
6357 17 AVENUE NORTH  
SAINT PETERSBURG, FL. 33710 US

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### **Article VI**

The effective date for this Limited Liability Company shall be:

05/01/2008

Signature of member or an authorized representative of a member

Signature: PAUL L. LECAIN JR