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To: Division of Corporations
Fax Number : (850)617-6383
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Account Number : I20070000160
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

SUN STATE INSURANCE, LLC

Certificate of Status	0
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A. LUNT
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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

SUN STATE INSURANCE, LLC

ARTICLE II ADDRESS

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

2830 NE COLIN KELLY HIGHWAY
MADISON, FLORIDA 32340

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

LUCAS M. WARING
2830 NE COLIN KELLY HIGHWAY
MADISON, FLORIDA 32340

Having been named as registered agent 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.

x 

LUCAS M. WARING / Registered Agent's signature

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SUN STATE INSURANCE, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

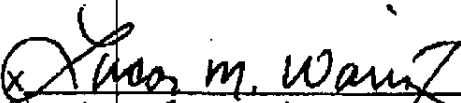
LUCAS M. WARING

2830 NE COLIN KELLY HIGHWAY

MADISON, FLORIDA 32340

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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.

LUCAS M. WARING