

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

L08000079919
FILED 8:00 AM
August 20, 2008
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:
MY INSURANCE REWARD LLC

Article II

The street address of the principal office of the Limited Liability Company is:
6607 GUNN HWY
TAMPA, FL. 33625

The mailing address of the Limited Liability Company is:
6607 GUNN HWY
TAMPA, FL. 33625

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:
TROY T MERKLEY
11609 GREENSLEEVE AVE
TAMPA, FL. 33626

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: TROY MERKLEY

Article V

The name and address of managing members/managers are:

Title: MGRM
TROY T MERKLEY
11609 GREENSLEEVE AVE
TAMPA, FL. 33626

Title: MGRM
ANTHONY MORRIS
16327 MUIRFIELD DRIVE
ODDESSA, FL. 33565

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Article VI

The effective date for this Limited Liability Company shall be:

08/20/2008

Signature of member or an authorized representative of a member

Signature: TROY MERKLEY