

Florida Department of State

Division of Corporations Public Access System

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Account Name : EMPIRE CORPORATE KIT COMPANY

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Phone : (305)634-3694 Fax Number : (305)633-9696 ZIDOR SEP - 9 A IC: 02:

SECRETARY OF STATE

THE HASSEE FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

LIFE BOND FINANCIAL RESPONSIBILITY, LLC

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Certificate of Status	0
Certified Copy	1
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September 9, 2008

FLORIDA DEPARTMENT OF STATE Division of Corporations

EMPIRE

SUBJECT: LIFE BHOND FINANCIAL RESPONSIBILITY, LLC

REF: W08000041801

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing coverysheet.

The designation of the registered office and the registered agent both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

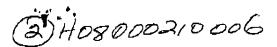
Agnes Lunt Regulatory Specialist II FAX Aud. #: H08000210006 Letter Number: 608A00049271

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SECRETARY OF STATE
ALLAHASSEE, FLORING

P.O BOX 6327 - Tallahassee, Florida 32314



ARTICLES OF ORGANIZATION

FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company:

LIFE BOND FINANCIAL RESPONSIBILITY, LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

4100 CORPORATE SQUARE, SUITE 105 NAPLES, FLORIDA 34104

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

JAMES SAINTSURIN 18510 NW 28TH PLACE MIAMI, FLORIDA 33054

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

Date 09/08/2008 Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager in more managers and is, therefore, a manager - managed company. Specify name & addresses.

- 1. JAMES SAINTSURIN, 18510 NW 28TH PL, MIAMI, FL 33054
- 2. JIMMY SAINTSURIN, 18510 NW 28TH PL, MIAMI, FL 33054
- 3. YOLETTE ANTOINE, 12555 NW 1 AVE, MIAMI, FL 33168

James Saintsu

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.

> <u>JAMES SAINTSURIN</u> Typed or printed name of signee

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