Electronic Articles of Organization
For
Florida Limited Liability Company

L08000086294
FILED 8:00 AM
September 10, 2008
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

FLORIDA INSURANCE PROGRAMS LLC

Article II

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

C/O 6508 E FOWLER AVE
TAMPA, FL. 33617

The mailing address of the Limited Liability Company is:

C/O 6508 E FOWLER AVE
TAMPA, FL. 33617

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:

DAVID A LEMAR JR
1759 S KINGS AVE
BRANDON, FL. FL

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: DAVID A LEMAR JR

L08000086294
FILED 8:00 AM
September 10, 2008
Sec. Of State
nculligan

Article V

The name and address of managing members/managers are:

Title: MGR
ACCRETIVE INSURANCE GROUP INC
C/O 6508 E FOWLER AVE
TAMPA, FL. 33617

Article VI

The effective date for this Limited Liability Company shall be:

09/10/2008

Signature of member or an authorized representative of a member

Signature: DAVID A LEMAR JR