

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

L08000087139  
FILED 8:00 AM  
September 12, 2008  
Sec. Of State  
gharvey

**Article I**

The name of the Limited Liability Company is:  
ALLIANCE INSURANCE ORGANIZATIONS L.L.C.

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1299 HOWELL BRANCH RD.  
WINTER PARK, FL. 32789

The mailing address of the Limited Liability Company is:  
285 UPTOWN BLVD  
SUITE 522  
ALTAMONTE SPRINGS, FL. 32701

**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:  
DANIEL LAPOINTE  
285 UPTOWN BLVD  
UNIT 522  
ALTAMONTE SPRINGS, FL. 32701

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: DANIEL LAPOINTE

## **Article V**

The name and address of managing members/managers are:

Title: MGR  
DANIEL LAPOINTE  
285 UPTOWN BLVD., SUITE 522  
ALTAMONTE SPRINGS, FL. 32701

Signature of member or an authorized representative of a member

Signature: DANIEL LAPOINTE

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