

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

L08000091154  
FILED 8:00 AM  
September 25, 2008  
Sec. Of State  
gmcleod

**Article I**

The name of the Limited Liability Company is:  
ONE SOURCE INSURANCE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
13721 CYPRESS TERRACE CIRCLE  
703  
FORT MYERS, FL. 33907

The mailing address of the Limited Liability Company is:  
P O BOX 101542  
CAPE CORAL, FL. US 33910

**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 E JOHNSON  
1207 SW 49TH STREET  
CAPE CORAL, FL. 33914

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 E JOHNSON

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
DAVID E JOHNSON  
1207 SW 49TH STREET  
CAPE CORAL, FL. 33914 US

Title: MGRM  
RONALD A MCCARTY  
1489 N LARKWOOD SQUARE  
FORT MYERS, FL. 33919 US

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### **Article VI**

The effective date for this Limited Liability Company shall be:

09/25/2008

Signature of member or an authorized representative of a member

Signature: DAVID E JOHNSON