

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

L08000107408
FILED 8:00 AM
November 19, 2008
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:

PRESTON INSURANCE EDUCATORS LLC

Article II

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

239 W MAIN STREET
APOPKA, FL. 32712

The mailing address of the Limited Liability Company is:

239 W MAIN STREET
APOPKA, FL. 32712

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:

PRESTON INSURANCE AGENCY LLC
239 W MAIN STREET
APOPKA, FL. 32712

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: TONY PRESTON

Article V

The name and address of managing members/managers are:

Title: MGR
PRESTON INSURANCE AGENCY LLC
239 W MAIN STREET
APOPKA, FL. 32712

Title: MGR
TONY R PRESTON
598 PARKSIDE POINTE BLVD
APOPKA, FL. 32712

Title: MGR
ALETHEA E PRESTON
598 PARKSIDE POINTE BLVD
APOPKA, FL. 32712

Article VI

The effective date for this Limited Liability Company shall be:

11/19/2008

Signature of member or an authorized representative of a member

Signature: TONY PRESTON

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