

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

L08000107996
FILED 8:00 AM
November 20, 2008
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
1ST CLASS INSURANCE SERVICES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
407 HWY 17-92 WEST
HAINES CITY, FL. 33844

The mailing address of the Limited Liability Company is:
407 HWY 17-92 WEST
HAINES CITY, FL. 33844

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:
CATHY BOYD
407 HWY 17-92 W
HAINES CITY, FL. 33844

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: CATHY BOYD

Article V

The name and address of managing members/managers are:

Title: MGRM
CATHY BOYD
349 HAMILTON SHORE DR NE
WINTER HAVEN, FL. 33881

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Article VI

The effective date for this Limited Liability Company shall be:

12/01/2008

Signature of member or an authorized representative of a member

Signature: CATHY BOYD