

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

L09000044094  
FILED 8:00 AM  
May 06, 2009  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:

ANY FORMS INSURANCE, LLC

**Article II**

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

4280 CLEVELAND AVE  
SUITE D  
FORT MYERS, FL. US 33901

The mailing address of the Limited Liability Company is:

8980 WOODGATE MANOR CT  
FORT MYERS, FL. US 33908

**Article III**

The purpose for which this Limited Liability Company is organized is:

INSURANCE AGENT

**Article IV**

The name and Florida street address of the registered agent is:

KARL H LOUIS  
8980 WOODGATE MANOR CT.  
FORT MYERS, FL. 33908

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: KARL LOUIS

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
KARL H LOUIS  
8980 WOODGATE MANOR CT  
FORT MYERS, FL. 33908

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### **Article VI**

The effective date for this Limited Liability Company shall be:

05/05/2009

Signature of member or an authorized representative of a member

Signature: KARL LOUIS