

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

L09000072421
FILED 8:00 AM
July 28, 2009
Sec. Of State
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Article I

The name of the Limited Liability Company is:

PROFESSIONAL DISABILITY INSURANCE SPECIALISTS LLC

Article II

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

2901 CLINT MOORE ROAD
PMB 214
BOCA RATON, FL. 33496

The mailing address of the Limited Liability Company is:

2901 CLINT MOORE ROAD
PMB 214
BOCA RATON, FL. 33496

Article III

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

SELLING DISABILITY TO PROFESSIONALS

Article IV

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

MICHAEL P TREROTOLI
6445 POLO POINTE WAY
DELRAY BEACH, FL. 33484

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: MICHAEL P. TREROTOLI

Article V

The name and address of managing members/managers are:

Title: PRES
DAVID B JABLON
3001 SOUTH OCEAN DRIVE
HOLLYWOOD, FL. 33019

Title: VP
MICHAEL P TREROTOLI
6445 POLO POINTE WAY
DELRAY BEACH, FL. 33484

Signature of member or an authorized representative of a member

Signature: MICHAEL TREROTOLI

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