

09/11/2009 1:47 FAX

Division of Corporations

002

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L09 000087948

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

LINDA A. SCARCELLI

Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407) 650-1000
Fax Number : (407) 540-2699

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Seneff Insurco LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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09 SEP 11 PM 2:41
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TALLAHASSEE, FLORIDA

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09 SEP 10 AM 8:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Corporate Filing Menu

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T. HAMPTON

SEP 14 2009

09/11/2009 14:47 FAX
09/09/2009 17:42 FAX

001

*** TX REPORT ***

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CONNECTION TEL 918506176383pp00160
SUBADDRESS
CONNECTION ID
ST. TIME 09/09 17:42
USAGE T 00'35
PGS. SENT 2
RESULT OK

Division of Corporations

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Florida Department of State

Division of Corporations
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Electronic Filing Cover Sheet

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you*

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9-11-09 Resending per phone call to DOS.

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Seneff Insurco LLC

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 10 AM 8:00

ARTICLES OF ORGANIZATION
OF
SENEFF INSURCO LLC

ARTICLE I - NAME

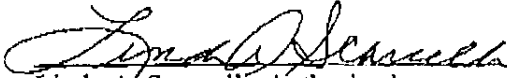
The name of this limited liability company is Seneff Insurco LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is c/o JDS Holdings, LLC, 420 South Orange Avenue, Suite 800, Orlando, Florida 32801.

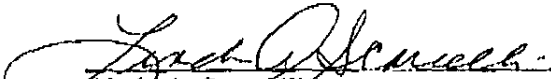
ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 450 South Orange Avenue, Suite 1400, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is Linda A. Scarcelli.


Linda A. Scarcelli, Authorized
Representative of a Member

Acceptance of Registered Agent

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 as provided for in Chapter 608, Florida Statutes.


Linda A. Scarcelli

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