

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

L09000089867
FILED 8:00 AM
September 17, 2009
Sec. Of State
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Article I

The name of the Limited Liability Company is:
OUR FAMILY INSURANCE AGENCY, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
9350 BAY PLAZA BLVD.
SUITE 120-24
TAMPA, FL. US 33619

The mailing address of the Limited Liability Company is:
9350 BAY PLAZA BLVD.
SUITE 120-24
TAMPA, FL. US 33619

Article III

The purpose for which this Limited Liability Company is organized is:
TO PROVIDE THE FOLLOWING INSURANCE SERVICES TO OUR
CUSTOMERS: LIFE, HEALTH, FIXED ANNUITIES, AUTOMOBILE, AND
HOME OWNERS

Article IV

The name and Florida street address of the registered agent is:
YOLANDA A DORN
9350 BAY PLAZA BLVD.
SUITE 120-24
TAMPA, FL. 33619

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: YOLANDA A. DORN

Article V

The name and address of managing members/managers are:

Title: MGR
YOLANDA A DORN OWNER
9350 BAY PLAZA BLVD., SUITE 120-24
TAMPA, FL. 33619 US

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Article VI

The effective date for this Limited Liability Company shall be:

10/01/2009

Signature of member or an authorized representative of a member

Signature: YOLANDA A. DORN