Electronic Articles of Organization
For
Florida Limited Liability Company

L09000111291
FILED 8:00 AM
November 19, 2009
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:

TOTAL CARE INSURANCE AGENCY LLC

Article II

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

541 WAKEMONT DR
ORANGE PARK, FL. 32065

The mailing address of the Limited Liability Company is:

541 WAKEMONT DR
ORANGE PARK, FL. 32065

Article III

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

WILL PROVIDE INSURANCE PRODUCTS AND CONSULTATION TO FLORIDA RESIDENTS.

Article IV

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

LAMON K ROBERTSON SR
541 WAKEMONT DR
ORANGE PARK, FL. 32065

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: LAMON ROBERTSON

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Article V

The name and address of managing members/managers are:

Title: MGR
LAMON K ROBERTSON SR
541 WAKEMONT DR
ORANGE PARK, FL. 32065

Article VI

The effective date for this Limited Liability Company shall be:

11/18/2009

Signature of member or an authorized representative of a member

Signature: LAMON ROBERTSON