

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

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FILED 8:00 AM
January 05, 2010
Sec. Of State
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Article I

The name of the Limited Liability Company is:

PALMER INSURANCE & FINANCIAL SERVICES, LLC

Article II

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

421 NE PINE ISLAND LANE

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CAPE CORAL, FL. 33909

The mailing address of the Limited Liability Company is:

8642 WHISPERING PINES DRIVE

SAINT JAMES CITY, FL. 33956

Article III

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

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

RHONDA G PALMER

8642 WHISPERING PINES DRIVE

SAINT JAMES CITY, FL. 33956

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: RHONDA PALMER

Article V

The name and address of managing members/managers are:

Title: MGRM
RHONDA G PALMER
8642 WHISPERING PINES DRIVE
SAINT JAMES CITY, FL. 33956

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Article VI

The effective date for this Limited Liability Company shall be:

01/05/2010

Signature of member or an authorized representative of a member

Signature: RHONDA PALMER