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10 JAN -5 AM II: 39

T. HAMPTON

JAN - 6 2010

EXAMINER

COVER LETTER

Division of	on Section Corporations	
SUBJECT:	The Wrig	ght Insurance Group, LLC
		nited Liability Company
The enclosed Article	es of Organization and fee(s) are	re submitted for filing.
Please return all corr	respondence concerning this ma	natter to the following:
	F	Frank J Wright III Name of Person
		Name of Leison
	The Wrigh	ht Insurance Group, LLC
		Firm/Company
	3491	11 Southwind Drive
		Address
		f Breeze, FL 32563
		City/State and Zip Code
	E-mail address: (to be used	right@wrightgrp.org d for future annual report notification)
For further informati	on concerning this matter, pleas	ase call:
	nk J Wright III me of Person	at (850) 932-3676 Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	·
\$125.00 Filing Fe	Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 JAN -5 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 22, 2009

. . .

FRANK J WRIGHT III 3491 SOUTHWIND DR GULF BREEZE, FL 32563

SUBJECT: THE WRIGHT GROUP, LLC

Ref. Number: W09000055287

We have received your document for THE WRIGHT GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L02000032927 (THE WRIGHT GROUP, LLC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 609A00038793

Registration/Qualification Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	mpany is:
The Wright I	nsurance Group, LLC
(Must end with the words (2)	initied Liability Company, L.L.C., or LLC.
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3491 Southwind Drive	3491 Southwind Drive
	OJJ OOGHWING DIVE
Gulf Breeze, FL 32563	Gulf Breeze, FL 32563
Gulf Breeze, FL 32563 ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another)
Gulf Breeze, FL 32563 ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration The name and the Florida street addresses	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another)
Gulf Breeze, FL 32563 ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration The name and the Florida street addresses	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another s of the registered agent are:
Gulf Breeze, FL 32563 ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration The name and the Florida street address	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another) ss of the registered agent are: rank J Wright III
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration The name and the Florida street addresses and the Florida str	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another ss of the registered agent are: rank J Wright III Name
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration The name and the Florida street addresses and the Florida str	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another ss of the registered agent are: rank J Wright III Name 1 Southwind Drive dress (P.O. Box NOT acceptable)

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:	
MGRM		Frank J Wright III 3491 Southwind Drive Gulf Breeze, FL 32563	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			<del></del>
	<u> </u>		<u> </u>
(Use attachmen	it if necessary)		
(SSS academile)			
CLE V: Effective	isted, the date must be s	ate of filing: (OP pecific and cannot be more than five busin	
CLE V: Effective	isted, the date must be s date of filing.) IGNATURE:	pecific and cannot be more than five busin	
CLE V: Effective effective date is li	isted, the date must be s date of filing.)  IGNATURE:  Signature of a member of this document constitut that the facts stated herein	pecific and cannot be more than five busing the property of a member.  on 608.408(3), Florida Statutes, the execution attest an affirmation under the penalties of perjury	

10 IAN -5 AH II: 39

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)