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FLORIDA/FOREIGN LIMITED LIABILITY CO.**Gulf Coast Insurance Solutions, PLLC**

Certificate of Status	1
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EXAMINER

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**ARTICLES OF ORGANIZATION OF
GULF COAST INSURANCE SOLUTIONS, PLLC
A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company is:

GULF COAST INSURANCE SOLUTIONS, PLLC.

ARTICLE II — Address:

The mailing address and street address of the principal office of the limited liability company is:

588 Ridge Drive
Naples, FL 34108

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ARTICLE III — Duration & Purpose:

The period of duration for the professional limited liability company shall be perpetual. It shall be operated for the purpose of operating an insurance business and it shall be permitted to engage in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

ARTICLE IV — Management:

The professional limited liability company is to be managed by the members and the name and address of the initial managing member is:

Michelle Lynne Gray
588 Ridge Drive
Naples, FL 34108

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ARTICLE V — Admission of Additional Members:

The members shall have the right to admit additional members and the terms and conditions of the admissions shall only be by consent of a majority of the members. A member may transfer her interest subject to the terms of certain Buy Sell Agreements or other Member Agreements in effect for this PLLC, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all of the members of the Company other than the member proposing to dispose of his/her interest approve of the proposed transfer by written consent. Each member must hold a Florida insurance license and be in good standing with the State of Florida Dept. of Professional Regulation.

ARTICLE VI — Members' Rights to Continue Business

The remaining members of the professional limited liability company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be by consent of a majority of the members.

ARTICLE VII — Effective Date

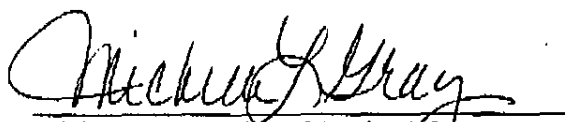
The term of this company shall be effective on February 9, 2010.

ARTICLE VIII - Resident Agent

The name of the initial registered agent and the Florida street address of the registered agent and office shall be:

Arlene F. Austin, Esq.
6312 Trail Blvd.
Naples, FL 34108

IN WITNESS WHEREOF, the undersigned have signed these Articles of Organization and she acknowledged them to be her free act on this 9th day of February, 2010.


Michelle Lynne Gray, Member/Mgr.

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State of Florida
County of Collier

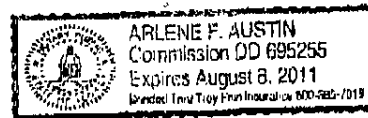
On February 9, 2010, Michelle Lynne Gray who is personally known to me personally appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of GULF COAST INSURANCE SOLUTIONS, PLLC, a Florida Professional Limited Liability Company.



Notary Public: Arlene F. Austin

Commission Expiration Date & Commission Number:

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES,
THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED
AGENT IN THE STATE OF FLORIDA.

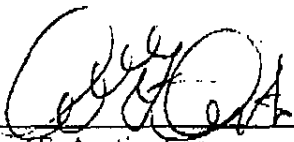
1. The name of the professional limited liability company is:

Gulf Coast Insurance Solutions, PLLC.

2. The name and the Florida street address of the registered agent and registered office are:

Arlene F. Austin, Esq.
6312 Trail Blvd.
Naples, FL 34108

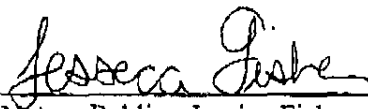
Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions 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


Arlene F. Austin, Esq.
Registered Agent

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ALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF COLLIER

On February 9, 2010, Arlene F. Austin, Esq., designated above as the individual who shall serve as the initial registered agent for Gulf Coast Insurance Solutions, PLLC, who is personally known to me, personally appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of Gulf Coast Insurance Solutions, PLLC, as resident agent.


Notary Public: Jessica Fisher
State of Florida



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