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10 MAR - 1 PM 1:45  
DEPARTMENT OF STATE  
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TALLAHASSEE, FLORIDA

B. KOHR  
MAR - 1 2010  
EXAMINER

FILED  
10 MAR - 1 PM 3:11  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 03/01/2010

REF. #: 000314.120317

CORP. NAME: SUMMIT INSURANCE SOLUTIONS, LLC

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
10 MAR - 1 PM 3:11

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 533913 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

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| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

ARTICLES OF ORGANIZATION  
OF  
SUMMIT INSURANCE SOLUTIONS, LLC  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR - 1 PM 3:11

Pursuant to the Florida Limited Liability Company Act, Florida Statutes Sections 608.401 through 608.705, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

ARTICLE I  
NAME

The name of the Limited Liability Company (the "Company") is Summit Insurance Solutions, LLC.

ARTICLE II  
ADDRESS

The mailing address and street address of the principal office of the Company is 830-13 A1A North, Suite 226, Ponte Vedra Beach, Florida 32082.

ARTICLE III  
DURATION

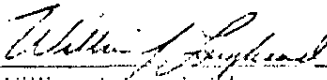
The period of duration for the limited liability company shall begin on the date of filing these Articles of Organization with the Florida Secretary of State and shall have a perpetual existence and duration, until terminated in accordance with applicable law.

ARTICLE IV  
INITIAL REGISTERED OFFICE AND AGENT

The street address of the Company's initial registered agent is 830-13 A1A North, Suite 226, Ponte Vedra Beach, Florida 32082. The name of the Company's initial registered agent at that office is William J. Loughhead.

**IN WITNESS WHEREOF**, the undersigned, being the Authorized Representative of the Company, has executed these Articles of Organization on behalf of the Company in accordance with §608.407(3) of the Act, this 1<sup>st</sup> day of March 2010.

**AUTHORIZED REPRESENTATIVE:**

  
\_\_\_\_\_  
William J. Loughhead

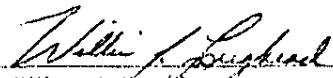
(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF ACCEPTANCE BY  
REGISTERED AGENT**

Pursuant to the provisions of the Florida Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of Summit Insurance Solutions, LLC, a Florida limited liability company (the "Company"). in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

IN WITNESS WHEREOF, the undersigned has executed this Certificate this 1<sup>st</sup> day of March, 2010.

  
\_\_\_\_\_  
William J. Loughhead