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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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EXAMINER

Avedon Health Systems

320 Park Street South, St Petersburg, FL 33707 Email: gsimmons@avedonsystems.com Tel: (727) 455-2094

February 8, 2010

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Articles of Organization for Capstone Underwriting Managers, LLC.

Gentlemen:

Enclosed please find the original and one (1) copy of the Articles of Organization relating to the above LLC and the original Certificate of Designation of Resident Agent together with our check in the amount of \$125.00 to cover the filing fee.

Please file the original and return the stamped copy of the Articles to me at the above address. Thank you.

Sincerely,

Gary S. Simmons

ARTICLES OF ORGANIZATION

OF

CAPSTONE UNDERWRITING MANAGERS, LLC.

THE UNDERSIGNED HEREBY MAKES, ACKNOWLEDGES AND FILES THIS CERTIFICATE FOR THE PURPOSE OF BECOMING A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

The name of this limited liability company is Capstone Underwriting Managers, LLC.

ARTICLE II INITIAL PRINCIPAL OFFICE

The mailing and street address of the initial principal office of the limited liability company is 320 Park Street, St. Petersburg, Pinellas County, Florida 33707.

ARTICLE III
PURPOSE

This limited liability company is organized for the purpose of engaging in any lawfer business or activity permitted under the laws of the United States and the State of Florida.

ARTICLE IV MEMBERSHIP UNITS

This limited liability company is authorized to issue membership units pursuant to the terms of the company's Operating Agreement.

ARTICLE V INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of the initial registered office of this limited liability company is 320 Park Street, St. Petersburg, Pinellas County, Florida, 33707, and the name and address of the initial registered agent is Gary S. Simmons, 320 Park Street S., St. Petersburg, Pinellas County, Florida 33707.

ARTICLE VI **MANAGER**

This limited liability company shall be managed by one (1) member whose name, title and address is as follows:

Gary S. Simmons, Managing Member 320 Park Street S., St. Petersburg, Pinellas County, FL 33707

IN WITNESS WHEREOF, these Articles of Organization have been signed by Gary S. Simmons:

S. Simmons, Managing Member

STATE OF FLORIDA COUNTY OF PINELLAS)

Before me, the undersigned Notary Public in and for the State of Florida at large, personally appeared GARY S. SIMMONS to me well known, and known to me to be the individual described in and who executed the foregoing Articles of Organization, being duly sworn, acknowledged that he executed the same for the uses and purposes herein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal this $\underline{/9}$

day of Feb, 2010.

My Commission Expires:

ANN L. TICE Notary Public, State of Florida Commission# DD702041 My comm. expires Aug. 3, 2011

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

CAPSTONE UNDERWRITING MANAGERS, LLC. desiring to organize under the laws of the State of Florida, with its registered office, as indicated in the Articles of Organization in the City of St. Petersburg, County of Pinellas, State of Florida, has named GARY S. SIMMONS, located at 320 Park Street S., St. Petersburg, County of Pinellas, State of Florida, as its agent to accept service of process within this state.



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 obligations as registered agent as provided for in Chapter 608, Florida Statutes.

Gary S. Simmons, Resident Agent