Electronic Articles of Organization
For
Florida Limited Liability Company

L10000041932
FILED 8:00 AM
April 20, 2010
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

EMPLOYER EMPLOYEE BENEFIT SOLUTIONS, LLC

Article II

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

4637 ORTEGA BLVD.
JACKSONVILLE, FL. US 32210

The mailing address of the Limited Liability Company is:

4637 ORTEGA BLVD.
JACKSONVILLE, FL. US 32210

Article III

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

PROVIDING ALL EMPLOYEE BENEFITS TO THE EMPLOYER.

Article IV

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

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL. 32804

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: LAURA REGIER

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Article V

The name and address of managing members/managers are:

Title: MGRM
THOMAS WALLACE, JR
4637 ORTEGA BLVD.
JACKSONVILLE, FL. 32210 US

Article VI

The effective date for this Limited Liability Company shall be:

04/19/2010

Signature of member or an authorized representative of a member

Signature: THOMAS L WALLACE, JR.