

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000044620
FILED 8:00 AM
April 27, 2010
Sec. Of State
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Article I

The name of the Limited Liability Company is:

FIRST FLORIDA INSURANCE NETWORK ROBIN WILSON INSURANCE
SERVICES, LLC

Article II

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

111 NATURE WALK PARKWAY
SUITE 105
ST. AUGUSTINE, FL. 32092

The mailing address of the Limited Liability Company is:

1101 WINTERHAWK DRIVE
ST. AUGUSTINE, FL. 32086

Article III

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

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

WILSON INSURANCE & FINANCIAL SERVICES, INC
111 NATURE WALK PARKWAY
SUITE 105
ST. AUGUSTINE, FL. 32092

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: ROBIN WILSON

Article V

The name and address of managing members/managers are:

Title: MGRM
WILSON INSURANCE & FINANCIAL SERVICES, INC
1101 WINTERHAWK DRIVE
ST. AUGUSTINE, FL. 32086

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Article VI

The effective date for this Limited Liability Company shall be:

04/22/2010

Signature of member or an authorized representative of a member

Signature: LINDA LOGAN BRYAN, ESQUIRE