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(Requestor's Name)
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DIVISION OF SEEL FLORIBONS

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S. HAWKES

JUL 8 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	CCT: Souther	n States Insurance Hol		
		Name of Limit	ed Liability Company	
The end	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mat	ter to the following:	
	Jason T. Alle	n, Esq.		
			Name of Person	
	Bass Sox Me	rcer		
			Firm/Company	
	2822 Reming	ton Green Circle		
			Address	
	Tallahassee,	FL 32308		
-			y/State and Zip Code	
_	<u> \a</u>	llen o bsn-lan	or future annual report notification)	
For furt	ther information	concerning this matter, please	e call:	
Jason	T. Allen, Esc	`	at (850) 878-6404 Area Code & Daytime Telep	
	Name	of Person	Area Code & Daytime Telep	phone Number
Enclos	ed is a check fo	or the following amount:		
125.0 نيك	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southern States Insurance Holdings, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Con

Principal Office Address:	Mailing Address:
2822 Remington Green Circle	2822 Remington Green Circle
Tallahassee, FL 32308	Tallahassee, FL 32308

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

	· · · · · · · · · · · · · · · · · · ·
	Name
2822 Remir	ngton Green Circle
	Florida street address (P.O. Box <u>NOT</u> acceptable)
Tallahassee	FL 32308
Tallariabboo	

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 as provided for in Chapter 608, F.S..

egistered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

BMS Group LTD One America Square London, United Kingdom, EC3N 2LS Richard A. Widdicombe 4924 NW 85th Road Coral Springs, FL 33061 Kent M. Linder 15010 N. Saxon Circle Southwest Ranches, FL 33331
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or an authorized representative of a member.
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ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury in are true.)

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)