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EXAMINER

10 SEP 24 PM 1: 45

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FLORIDA INSURA	NCE ADVISO	ORY	5.
GROUP, LLC			
			Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File
			Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal
			Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing
			Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search
Signature			Fictitious Search Fictitious Owner Search Vehicle Search Driving Record
Requested by: SETH	09/24/10	11:00	UCC 1 or 3 File UCC 11 Search
Walk-In	Date Will Pick Up	Time	UCC 11 Retrieval Courier

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ARTICLES OF ORGANIZATION FOR

Florida Insurance Advisory Group, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is Florida Insurance Advisory Group, LLC

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 214 East Lakewood Road, West Palm Beach, Fl 33405

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is G. Michael Kennan, Esquire., 1532 Old Okeechobee Road, Suite 103, West Palm Beach, FL 33409

ARTICLE IV: MANAGING MEMBERS & MANAGERS

The name and address of the initial Managing Members and Managers of the company are:

Michael Buza, Managing Member, 214 East Lakewood Road, West Palm Beach, Fl 33405

The undersigned has executed these Articles of Organization this 23rd day of September 2010. "Your Capital Connection, Inc. by, Seth Neeley, Client Representative"

Authorized Representativ

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent and registered office, in the state of Florida.

1. The name of the company is: FLORIDA INSURANCE ADVISORY GROUP, LLC

2. The name and address of the registered agent and office is:

G. Michael Keenan, Esquire 1532 Old Okeechobee Road, Suite 103 West Palm Beach, FL 33409

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.