

L10000101137

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FCCI Tax Credit, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Conley

Name of Person

FCCI Services, Inc.

Firm/Company

6300 University Parkway

Address

Sarasota, FL 34240

City/State and Zip Code

lconley@fcci-group.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Conley

Name of Person

at (941)

907-2541

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF FCCI TAX CREDIT, LLC

ARTICLE I. NAME

The name of the limited liability company shall be FCCI Tax Credit, LLC.

ARTICLE II. ADDRESS

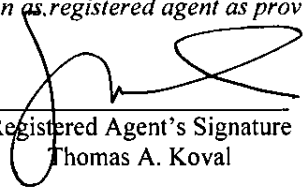
The mailing and street address of the principal office of the limited liability company is 6300 University Parkway, Sarasota, Florida 34240.

ARTICLE III. INITIAL REGISTERED AGENT, OFFICE AND SIGNATURE

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

Thomas A. Koval
6300 University Parkway,
Sarasota, Florida 34240

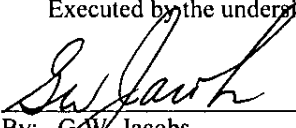
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.




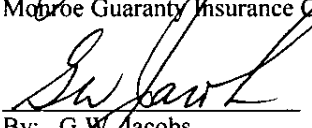
Registered Agent's Signature
Thomas A. Koval

The undersigned, being the original members of the limited liability company, certify that this instrument constitutes the Articles of Organization of FCCI Tax Credit, LLC

Executed by the undersigned at Sarasota, Florida on September 23, 2010.


By: G.W. Jacobs
Its: President & C.E.O.
FCCI Insurance Company


By: G.W. Jacobs
Its: President & C.E.O.
Monroe Guaranty Insurance Company


By: G.W. Jacobs
Its: President & C.E.O.
National Trust Insurance Company

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