

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

**L10000102397  
FILED 8:00 AM  
September 30, 2010  
Sec. Of State  
shawkes**

**Article I**

The name of the Limited Liability Company is:  
MASTER CAPITAL INSURANCE SOLUTIONS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1385 WEST STATE ROAD 434  
SUITE 101 D  
LONGWOOD, FL. US 32750

The mailing address of the Limited Liability Company is:  
1385 WEST STATE ROAD 434  
SUITE 101 D  
LONGWOOD, FL. US 32750

**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:  
SCOTT M TOBER  
1385 WEST STATE ROAD 434  
SUITE 101 F  
LONGWOOD, FL. 32750

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: SCOTT M TOBER

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
CARL E OBESO  
1385 WEST STATE RD 434 SUITE 101 G  
LONGWOOD, FL. 32750 US

Title: MGRM  
EVELYNN RIVADENEIRA  
1385 WEST STATE RD 434 SUITE 101 D  
LONGWOOD, FL. 32750 US

Title: MGRM  
SCOTT M TOBER  
1385 WEST STATE RD 434 SUITE 101 F  
LONGWOOD, FL. 32750 US

### **Article VI**

The effective date for this Limited Liability Company shall be:

09/28/2010

Signature of member or an authorized representative of a member

Signature: SCOTT M TOBER

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