

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

L10000106951
FILED 8:00 AM
October 13, 2010
Sec. Of State
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Article I

The name of the Limited Liability Company is:

ASSURANCE EMPLOYER SOLUTIONS LLC

Article II

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

1720 EL JOBEAN ROAD
SUITE 201
PORT CHARLOTTE, FL. 33948

The mailing address of the Limited Liability Company is:

1720 EL JOBEAN ROAD
SUITE 201
PORT CHARLOTTE, FL. 33948

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:

MICHAEL A LAMARCA
1720 EL JOBEAN ROAD
SUITE 201
PORT CHARLOTTE, FL. 33948

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: MICHAEL A LAMARCA

Article V

The name and address of managing members/managers are:

Title: MGR
MICHAEL A LAMARCA
1720 EL JOBEAN RD SUITE 201
PORT CHARLOTTE, FL. 33948

Title: MGRM
ROSEANN LANZELLOTO
3234 SUNRISE TERR
PORT CHARLOTTE, FL. 33952

Title: MGRM
STEPHANIE MULROONEY
10380 SW VILLAGE CENTER DRIVE SUITE 182
PORT ST LUCIE, FL. 34987

Article VI

The effective date for this Limited Liability Company shall be:

10/15/2010

Signature of member or an authorized representative of a member

Signature: MICHAEL A LAMARCA

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