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Effective Date 1-1-2011

TALLAHASSEE FLURISA

J. SAULSBERRY EXAMINER DEC 3 2010

COVER LËTTER

| 10: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: HOYER ACTUARIAL LITIGATION, L 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: | |
| ROBERT L. HOYER | |
| HOYER ACTUARIAL LITIGATION, UL | C |
| 7708 CLASSIES DRIVE | |
| *************************************** | |
| NAPLES, FL. 34113 City/State and Zip Code Royer, vl. & amail. com Remail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| ROBERT L. HOYER at (860) 116 - 6757 Name of Person Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$130.00 Filing Fee & \text{Certified Copy} & \text{(additional copy is enclosed)}\$\$ | |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301 | A P. |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limit | ed Liability Company is: | | |
|-----------------------|--|--|-------|
| HOYER | ACTUARIAL | LITIGATION any, "L.L.C.," or "LLC.") | LLC |
| (Must en | d with the words "Limited Liability Comp | any, "L.L.C.," or "LLC.") | |
| ARTICLE II - Addre | ·ss: | | |
| | | office of the Limited Liability Compan | y is: |
| Principal Office Add | ross: Mail | ing Address: | |

| | |
|--------------------|--|
| MAPLES, FL. 34113 | MAPLES, FL. 34113 |
| Florida street add | ered Agent. You must designate an individual or another egistered agent are: |

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 (REQURED

(CONTINUED)

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|--|
| BRINGING MERM | ROBERT L. HOYER 1708 CLASSICS DAIV NAPLES, FL. 34113 |
| | |
| | SEC. A |
| | |
| | |
| (Use attachment if necessary) | |

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)