Florida Department of State

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FLORIDA LIMITED LIABILITY CO.

David Martin Insurance Agency LLC

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Corporate Filing Menu. MCLEQD

JUL 13 2011

EXAMINER

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

DAVID MARTIN INSURANCE AGENCY LLC

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ARTICLE II ADDRESS

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

8695 COLLEGE PARKWAY, SUITE 1160 FORT MYERS, FLORIDA 33919

ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

DAVID MARTIN 8695 COLLEGE PARKWAY, SUITE 1160 FORT MYERS, FLORIDA 33919

Having been named as registered agent 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.

DAVID MARTIN / Registered Agent's signature

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DAVID MARTIN INSURANCE AGENCY LLC

ARTICLE IV MANAGEMENT

The Umited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (pptional)

MANAGING MEMBER
DAVID MARTIN
8695 COLLEGE PARKWAY, SUITE 1160
FORT MYERS, FLORIDA 33919

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.

DAVID MARTIN