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FLORIDA LIMITED LIABILITY CO.
CARIBBEAN INSURANCE AGENCY, LLC

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

CARIBBEAN INSURANCE AGENCY, LLC

ARTICLE II ADDRESS

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

5194 SW 110TH PLACE
OCALA, FLORIDA 34476

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

SUPERBIZ REGISTERED AGENT, INC.
2761 VISTA PARKWAY, STE E4
WEST PALM BEACH, FLORIDA 33411

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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.

x Paul Smith V.P.
SUPERBIZ REGISTERED AGENT, INC. / Registered Agent's signature

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PAGE 2 CARIBBEAN INSURANCE AGENCY, LLC

ARTICLE IV MANAGEMENT

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

ARTICLE V MEMBERS (optional)

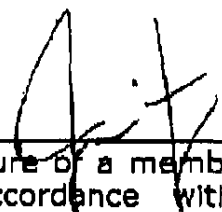
MANAGING MEMBER
JOAQUIN TORRES
5194 SW 110TH PLACE
OCALA, FLORIDA 34476

MANAGING MEMBER
CARLOS GUZMAN
5194 SW 110TH PLACE
OCALA, FLORIDA 34476

MANAGING MEMBER
LILMARIE FERRER
5194 SW 110TH PLACE
OCALA, FLORIDA 34476

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X 

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.

JOAQUIN TORRES

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