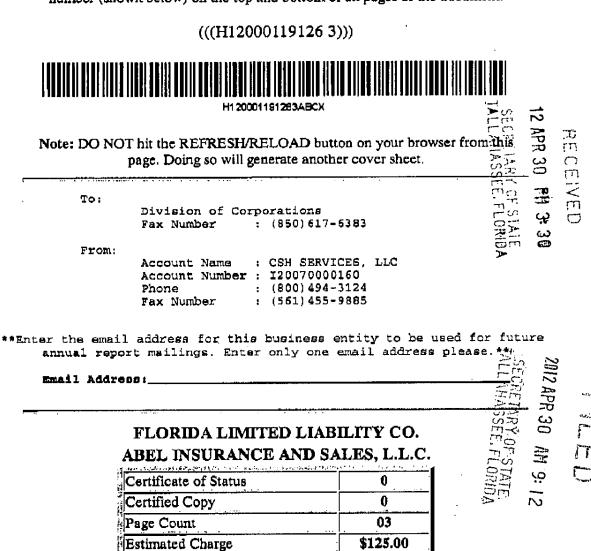
Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



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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:

ABEL INSURANCE AND SALES, L.L.C.

ARTICLE II ADDRESS

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

4228 ATTAWAY LANE

PORT CHARLOTTE, FLORIDA 33981

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &

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

BRIAN W ABEL

4228 ATTAWAY LANE

PORT CHARLOTTE, FLORIDA 33981

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.

BRIAN W ABEL / Registered Agent's signature

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PAGE 2 ABEL INSURANCE AND SALES, L.L.C.

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

MANAGING MEMBER
BRIAN W ABEL
4228 ATTAWAY LANE
PORT CHARLOTTE, FLORIDA 33981

MANAGING MEMBER
AMANDA K LENNON
4228 ATTAWAY LANE
PORT CHARLOTTE, FLORIDA 33981

2012 APR 30 AM '9: 12
SECRETARY OF STATE
TALLAHASSEE, FLORING

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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.

BRIAN W ABEL