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Florida Department of State
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Fax Number : (850) 617-6383

From:

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Account Name : AKERMAN SENTERFITT (FT. LAUDERDALE)
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.
CROWN ATLANTIC INSURANCE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION
OF
CROWN ATLANTIC INSURANCE, LLC**

**ARTICLE I
NAME**

The name of the limited liability company (the "Company") is: CROWN ATLANTIC INSURANCE, LLC

**ARTICLE II
ADDRESS**

The mailing and street address of the principal office of the Company are: 560 Village Boulevard, Suite 120, West Palm Beach, Florida 33409.

**ARTICLE III
DURATION**

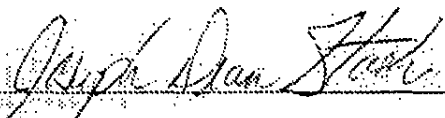
The period of duration for the Company shall begin on the date of filing these Articles of Organization with the Florida Department of State and shall have a perpetual existence and duration, until terminated in accordance with applicable law.

**ARTICLE IV
INITIAL REGISTERED OFFICE AND AGENT**

The name and street address of the Company's initial registered agent and registered office are:

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization, this 4th day of September, 2013.



Name: Joseph Dean Stark
Authorized Representative

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**CERTIFICATE OF ACCEPTANCE BY
REGISTERED AGENT**

Pursuant to the provisions of the Florida Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of **CROWN ATLANTIC INSURANCE, LLC**, a Florida limited liability company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

IN WITNESS WHEREOF, the undersigned has executed this Certificate this 5th day of September, 2013.

NRAI SERVICES, INC.

By: 
Name: Michele Holden
Title: Assistant Secretary

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