

Division of Corporations

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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003723
Phone : (888) 491-1120
Fax Number : (954) 343-6962

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: michael@inficeinc.com

FLORIDA LIMITED LIABILITY CO.
NATIONWIDE WARRANTY SERVICE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF ORGANIZATION
OF
NATIONWIDE WARRANTY SERVICE, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is NATIONWIDE WARRANTY SERVICE,
LLC

ARTICLE II - Duration:

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

ARTICLE III - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 401 E. Jackson Street, Suite 2450, Tampa, Florida 33602.

ARTICLE IV - Registered Agent:

The name and address of the initial registered agent for this Limited Liability Company is Robin S. Trupp, Esq., 401 E. Jackson Street, Suite 2450, Tampa, Florida 33602.

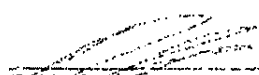
ARTICLE V - Management:

Initially, the Company shall be manager managed and the initial manager shall be as listed below; provided, that the Company may determine, from time to time, to become member managed or change the manager from time to time and the Company reserves the right to update such information through its annual report filings.

amendments to the Company's operating agreement, or as otherwise provided by applicable law:

MICHAEL MARTIN
401 E. Jackson Street, Suite 2450
Tampa, Florida 33602

Whereof, the undersigned authorized representative of the members has executed these Articles the 25th day of October 2013.


Robin S. Trupp
Authorized Representative of Member

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

NATIONWIDE WARRANTY SERVICE, LLC

2. The name and address of the registered agent and office is:

Robin S. Trupp, Esq., 401 E. Jackson Street, Suite 2450, Tampa, Florida 33602

*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.*

Robin S. Trupp (Signature)

October 25, 2013
(Date)

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