Electronic Articles of Organization
For
Florida Limited Liability Company

L14000014006
FILED 8:00 AM
January 27, 2014
Sec. Of State
jshivers

Article I

The name of the Limited Liability Company is:

FULL PROTECTION INSURANCE AGENCY LLC

Article II

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

5200 SW 8TH ST
SUITE 250 A
CORAL GABLES, FL. UN 33134

The mailing address of the Limited Liability Company is:

819 NE 199 ST
206
MIAMI, FL. 33179

Article III

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

GLORIA E ROJAS
5200 SW 8TH ST
SUITE 150
CORAL GABLES, FL. 33134

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.

Registered Agent Signature: GLORIA E ROJAS

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Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
GLORIA E ROJAS
5200 SW 8TH ST SUITE 150
CORAL GABLES, FL. 33134

Article V

The effective date for this Limited Liability Company shall be:

01/20/2014

Signature of member or an authorized representative

Electronic Signature: GLORIA E ROJAS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.