

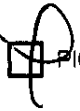
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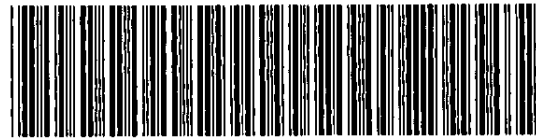
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ANCHOR INSURANCE GROUP OF FLORIDA, LLC

Signature _____

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6/4/14

Name _____

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2014 JUN -14 AM 9:56
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____ Art of Inc. File _____
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____ Vehicle Search _____
____ Driving Record _____
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**ARTICLES OF ORGANIZATION
OF
ANCHOR INSURANCE GROUP OF FLORIDA, LLC**

FILED
2014 JAN -4 AM 9:56
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida does set forth the following:

ARTICLE I - Name

The name of the limited liability company is: ***ANCHOR INSURANCE GROUP OF FLORIDA, LLC***, hereinafter referred to as the "Limited Liability Company."

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: 224 Nina Way, Oldsmar, Florida 34677.

ARTICLE III - Period of Duration.

The Limited Liability Company shall come into existence upon the filing of these Articles of Organization with the Secretary of State, State of Florida, and shall have perpetual existence, unless earlier terminated by operation of law or as provided in these Articles of Organization or the Operating Agreement of the Limited Liability Company.

ARTICLE IV - Initial Registered Office and Registered Agent

The name and address of the initial registered agent in Florida for the Limited Liability Company is: John R. Kiefner, Jr., Esquire, c/o Kiefner Law Offices, P.A., 146 Second Street North, Suite 300, St. Petersburg, Florida 33701.

ARTICLE V - Membership

Additional Persons or Entities may be admitted to the Limited Liability Company as members upon unanimous consent of the current members and on such terms and conditions as

determined by the members and in accordance with these Articles of Organization and the Operating Agreement of the Limited Liability Company.

ARTICLE VI - Purpose

The purpose for which the Limited Liability Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Limited Liability Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

ARTICLE VII - Continuity of Business.

Upon the death, retirement, resignation, expulsion, bankruptcy, dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company, the business of the Limited Liability Company shall not be continued and the Limited Liability Company shall be dissolved unless there is obtained the consent of all the remaining members of the Limited Liability Company within ninety (90) days of the terminating or dissolving event.

ARTICLE VIII - Management.

The Limited Liability Company shall be Member managed.

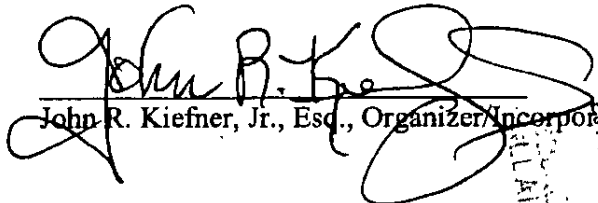
ARTICLE IX - Rules and Regulations of the Company

The power to adopt, alter, amend or repeal the rules and regulations of the Limited Liability Company shall be vested in the members of the Company in accordance with the Operating Agreement of the Limited Liability Company.

IN WITNESS WHEREOF, the undersigned, being the organizer/incorporator of the Limited Liability Company, certifies that this instrument constitutes the proposed Articles of Organization of *Anchor Insurance Group of Florida, LLC*, pursuant to, and in accordance

with, Chapter 608, of the Florida Statutes.

Duly executed at St. Petersburg, Florida on this 4th day of June, 2014.


John R. Kiefner, Jr., Esq., Organizer/Incorporator

STATE OF FLORIDA)
COUNTY OF PINELLAS)

BEFORE ME, the undersigned authority, personally appeared John R. Kiefner, Jr., Esq., who produced _____ as identification and known to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this 4th day of June, 2014.


NOTARY PUBLIC, State of Florida

(SEAL)



My Commission Expires:

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.407, Florida Statutes, the mentioned Limited Liability Company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: *Anchor Insurance Group of Florida, LLC*;
2. The name and street address of the registered agent and office is: John R. Kiefner, Jr., Esq., c/o Kiefner Law Offices, P.A., 146 Second Street North, Suite 300, St. Petersburg, Florida 33701.

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 AS PROVIDED FOR IN CHAPTER 608, F.S.


John R. Kiefner, Jr., Esq., Registered Agent

STATE OF FLORIDA)
COUNTY OF PINELLAS)

BEFORE ME, the undersigned authority, personally appeared John R. Kiefner, Jr., Esq., who produced _____ as identification and known to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this 4th day of June, 2014.


NOTARY PUBLIC, State of Florida

(SEAL)

My Commission Expires:

