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FLORIDA LIMITED LIABILITY CO.

Signature Insurance Advisors, LLC

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SEP 1 8 2014

ARTICLES OF ORGANIZATION

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SIGNATURE INSURANCE ADVISORS, LLC

The undersigned hereby makes, subscribes, acknowledges and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida:

ARTICLE I - NAME

The name of the limited liability company shall be Signature Insurance Advisors, LLC.

ARTICLE II - PRINCIPAL OFFICE

The mailing address and the street address of the principal office of Signature Insurance Advisors, LLC shall be 1601 Forum Place, Suite 500; West Palm Beach, FL 33401.

ARTICLE III - REGISTERED AGENT

The name and street address for the registered agent for service of process in the State of Florida for Signature Insurance Advisors, LLC shall be Ben G. Schachter; 1601 Forum Place, Suite 500; West Palm Beach, FL 33401.

ARTICLE IV - INDEMNIFICATION

Subject to the provisions of Chapter 605, Florida Statutes,
Signature Insurance Advisors, LLC shall indemnify and hold harmless
any member and/or member-manager and/or employee from and against any
and all claims and demands whatsoever.

ARTICLE V - MANAGERS

Signature Insurance Advisors, LLC is a manager managed company. The sole manager of Signature Insurance Advisors, LLC shall be:

Century Advisory Services, Inc. 2600 N. Military Trail, Suite 240 Boca Raton, FL 33431

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ARTICLE VI - ORGANIZER

The name and address of the person signing these Articles of Organization is Ben G. Schachter; 1601 Forum Place, Suite 500; West Palm Beach, FL 33401.

IN WITNESS WHEREOF, I have made and subscribed these Articles of Organization this 17th day of Scotember, 2014.

Ben G. Schachter, as Organizer

STATE OF FLORIDA .

SS:

COUNTY OF PALM BEACH

BEFORE ME, personally appeared Ben G. Schachter, to me known and well known to me to be the person described in and who executed the foregoing instrument or who produced

as identification and he acknowledged to and before me that he executed said instrument for the purpose herein expressed.

WITNESS my hand with soft had all seal this 2014.

Notary Public, State of Florida

I HEREBY ACCEPT THE DESIGNATION AS REGISTERED AGENT AS SET FORTH IN THESE ARTICLES OF ORGANIZATION AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF THAT POSITION AS PROVIDED FOR IN CHAPTER 605, FLORIDA STATUTES.

Print Name: Ben G. Schachter