

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L14000153577
FILED 8:00 AM
October 01, 2014
Sec. Of State
tbrown

Article I

The name of the Limited Liability Company is:

CATEGORY 5 INSURANCE LLC

Article II

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

379 SW DE GOUVEA TERR
PORT SAINT LUCIE, FL. US 34984

The mailing address of the Limited Liability Company is:

379 SW DE GOUVEA TERR
PORT SAINT LUCIE, FL. US 34984

Article III

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

LEGALINC CORPORATE SERVICES INC.
2846 NW 79TH AVENUE
DORAL, FL. 33122

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: KRISTIN PRELL

Article IV

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

Title: AMBR
JULIO DIAZ
379 SW DE GOUVEA TERR
PORT SAINT LUCIE, FL. 34984 US

Title: AMBR
YAMILY QUILES
379 SW DE GOUVEA TERR
PORT SAINT LUCIE, FL. 34984 US

Title: AMBR
BRIAN FELDMAN
379 SW DE GOUVEA TERR
PORT SAINT LUCIE, FL. 34984 US

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Signature of member or an authorized representative

Electronic Signature: CARRI BROWN

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.