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T. BROWN

ACCOUNT NO. : I2000000195		
REFERENCE: 419624 7548888		
AUTHORIZATION: Spelle de man		
COST LIMIT : \$ 125/00		
ORDER DATE: December 12, 2014		
ORDER TIME : 3:41 PM		
ORDER NO. : 419624-005		
CUSTOMER NO: 7548888		
DOMESTIC FILING		
NAME: PINEYWOODS INSURANCE AGENCY LLC		
EFFECTIVE DATE:		
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Courtney Williams - EXT. 62935		
EXAMINER'S INITIALS:		

ARTICLES OF ORGANIZATION OF PINEYWOODS INSURANCE AGENCY LLC

THORCIZ PH 2.45 Under the revised Florida Limited Liability Company Act, the undersigned authorized representative submits these Articles of Organization for the purpose of forming Pineywoods Insurance Agency LLC (the "Company").

ARTICLE I NAME AND MANAGEMENT

The Company's name is Pineywoods Insurance Agency LLC. The Company is managermanaged.

ARTICLE II MAILING ADDRESS AND STREET ADDRESS

The mailing address and the street address of the principal office of the limited liability company are the same: 100 N. Tampa Street, Suite 2305, Tampa, Florida 33602.

ARTICLE III NAME AND STREET ADDRESS OF REGISTERED AGENT

The name of the initial registered agent for service of process in this state is Brian J. Katz. The street address of the initial registered agent is 100 N. Tampa Street, Suite 2305, Tampa, Florida 33602.

These Articles of Organization shall be effective upon filing.

C. Mark Stevenson

Authorized Representative

ACCEPTANCE BY REGISTERED AGENT

I accept appointment as registered agent of Pineywoods Insurance Agency LLC. I am familiar with and accept the obligations of that position, as set forth in Chapter 605, Florida Statutes.

Signed by the undersigned registered agent on December 11, 2014.

Brian - Ratz Registered Agent