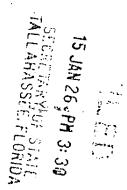
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Gator Insurance, LLC. Name of I	Limited Liability Company	
	closed Articles of Organization and fee(s)	_	
Piease	return all correspondence concerning this	matter to the following:	
	Mordecai Katz	Name of Person	
		Name of Person	
	Gator insurance, LLC.	P: (0	
		Firm/Company	
	4150 Alamanda Key Dr		
		Address	
	Melbourne, FL 32901		
		City/State and Zip Code	
_ Q ;	atorinsurance@insurer.com E-mail address: (to be u	sed for future annual report notifica	ation)
For fu	ther information concerning this matter, p	lease call:	
N 4	: <i>V-t-</i> -	(004) E04 E700	
MOFO	ecai Katz at Name of Person	(321) 591-5732 Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
	00 Filing Fee	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>Street/Courier Add</u>	ress
	Registration Section Division of Corporations	Registration Section Division of Corporat	tions
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cen	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Gator Insurance, LLC. (Must end with the words "	Limited Liability Company, "L.L.C.," o	r "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Co	mpany is:
Principal Office Address:	Mailing Address:	
4150 Alamanda Key Dr Melbourne, FL 32901	4150 Alamanda Key Dr Melbourne, FL 32901	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida reg	its own Registered Agent. You must desgistration.)	
The name and the Florida street address of the re-	gistered agent are:	
Mordecai Katz	Name	
4150 Alamanda Key D Florida street address (P	O. Box <u>NOT</u> acceptable)	
Melbourne	FL 32901	
City	Zip	
Having been named as registered agent and to a the place designated in this certificate, I hereb capacity. I further agree to comply with the pro of my duties, and I am familiar with and accep	ry accept the appointment as registered a wisions of all statutes relating to the prop	ngent and agree to act in this oer and complete performance
Registered Agent	's Signature (REQUIRED)	15 JA
	NTINUED)	H26 PH TARY OF ASSEELF
P	age I of 2	SIAN SURVINIONI

MGR Mordecai Katz 4150 Alamanda Key Dr Melbourne, FL 32901 Ewa Katz 4150 Alamanda Key Dr Melbourne, FL 32901 We attachment if necessary) We attachment if necessary) We Effective date, if other than the date of filing: 01/20/2015 (OPTIONAL) titive date is listed, the date must be specific and cannot be more than five business days prior to or 9 (filing.) WI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are sine. I am aware that any 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.) Mordecai Katz Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)	<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR Ewa Katz 4150 Alamanda Key Dr Melbourne, FL 32901 Ewa Katz 4150 Alamanda Key Dr Melbourne, FL 32901 Use attachment if necessary) Eve Effective date, if other than the date of filing: 01/20/2015 (OPTIONAL) Extive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) Eve Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein argardus. I am aware that any false information submitted in a document to the Department of Signer constitutes a third degree felony as provided for in s.817.155, F.S.) Mordecai Katz Typed or printed name of signee Filing Fees:	MGR	Mordecai Katz
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