

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

**L16000078411
FILED 8:00 AM
April 20, 2016
Sec. Of State
sgilbert**

Article I

The name of the Limited Liability Company is:

BRANCH SYSTEMS INSURANCE, LLC

Article II

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

2169 DISCOVERY CIR W
DEERFIELD BEACH, FL. UN 33442

The mailing address of the Limited Liability Company is:

2169 DISCOVERY CIR W
DEERFIELD BEACH, FL. UN 33442

Article III

Other provisions, if any:

BRANCH SYSTEMS INSURANCE, LLC WILL BE A FLORIDA INSURANCE
AGENCY PROVIDING HEALTH, LIFE, PROPERTY INSURANCES AND
ANNUITIES FOR INDIVIDUALS AND COMPANIES

Article IV

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

DAVID E BREECE
2169 DISCOVERY CIR W
DEERFIELD BEACH, FL. 33442

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: DAVID E BREECE

Article V

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

Title: MGR
DAVID E BREECE
2169 DISCOVERY CIRCLE W
DEERFIELD BEACH, FL. 33442 UN

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Signature of member or an authorized representative

Electronic Signature: DAVID E BREECE

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.