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DATE: 12/27/16

NAME: HEACOCK INSURANCE GROUP, INC.

TYPE OF FILING: CONVERSION

COST: 180.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

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TALLAHASSEE, FLORIDA

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
HEACOCK INSURANCE GROUP, INC.

(Enter Name of Other Business Entity) 292103

2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of FLORIDA
on APRIL 20, 1965 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
HEACOCK INSURANCE GROUP, LLC
(Enter Name of Florida Limited Liability Company)


4. If not effective on the date of filing, enter the effective date: DECEMBER 30, 2016
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 27th day of December 20 16

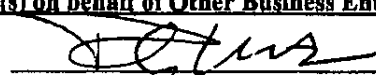
Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: JOHN N. GIORDANO

Title: Authorized Representative

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: 

Printed Name: Ford W. Heacock, III

Title: President

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

**ARTICLES OF ORGANIZATION
OF
HEACOCK INSURANCE GROUP, LLC**

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TALLAHASSEE, FLORIDA

The undersigned, acting as an authorized representative of the initial members of the above captioned Limited Liability Company, under the provisions of the Florida Revised Limited Liability Company Act, Chapter 605, *Florida Statutes*, adopts the following Articles of Organization:

ARTICLE I
NAME & ADDRESS

The name of this limited liability company is HEACOCK INSURANCE GROUP, LLC (the "Company") and its principal office address is 32313 Broadway St., Suite 101, Sebring, Florida 33870, and its mailing address is P.O. Box 7788, Sebring, Florida 33872-0114.

ARTICLE II
EFFECTIVE DATE

The Company shall commence its existence on December 30, 2016.

ARTICLE III
INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company shall be 1801 N. Highland Avenue, Tampa, Florida 33602, and the initial registered agent of the Company at such address is BUSH ROSS REGISTERED AGENT SERVICES, LLC.

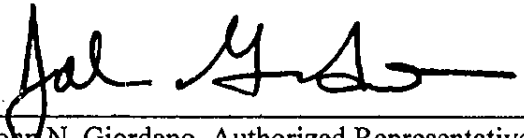
ARTICLE IV
MANAGEMENT OF THE COMPANY

The Company shall be managed by a manager or managers who shall be elected by the members in the manner set forth in the Company's Operating Agreement. The initial Manager shall be Jason Heacock.

ARTICLE V
INDEMNIFICATION

If the criteria set forth in §605.0408, *Florida Statutes*, or any successor statute, and any criteria set forth in the Company's Operating Agreement have been met, then the Company shall indemnify any manager or member, or former manager or member, his or its personal representatives, devisees or heirs, in the manner and to the extent contemplated by §605.0408, *Florida Statutes*.

The undersigned authorized representative of the initial members has executed these Articles of Organization this 27th day of December 2016.



John N. Giordano, Authorized Representative

CERTIFICATE DESIGNATING
REGISTERED AGENT

Pursuant to the provisions of Chapter 605, *Florida Statutes*, HEACOCK INSURANCE GROUP, LLC, desiring to organize as a limited liability company under the laws of the State of Florida, by action of its members, hereby designates BUSH ROSS REGISTERED AGENT SERVICES, LLC, as its Registered Agent for the purpose of accepting service of process within such State and designates 1801 N. Highland Avenue, Tampa, Florida 33602, the business of its Registered Agent, as its Registered Office.

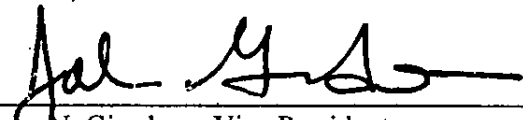


John N. Giordano, Authorized Representative

ACKNOWLEDGMENT

BUSH ROSS REGISTERED AGENT SERVICES, LLC hereby accepts the appointment as Registered Agent of the above named Company and agrees to act as such in accordance with the provisions of Chapter 605, *Florida Statutes*.

BUSH ROSS REGISTERED AGENT
SERVICES, LLC

By: 
John N. Giordano, Vice President

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