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FLORIDA LIMITED LIABILITY CO.  
HH INSURANCE GROUP, LLC

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

The undersigned authorized representative hereby executes these Articles of Organization ("Articles") for the purpose of forming a limited liability company in accordance with the laws of the State of Florida.

**ARTICLE I.  
NAME**

The name of the Limited Liability Company shall be HH INSURANCE GROUP, LLC.

**ARTICLE II.  
DURATION; EFFECTIVE DATE**

This Limited Liability Company shall exist perpetually, effective as of the date of filing.

**ARTICLE III.  
MAILING ADDRESS; PRINCIPAL OFFICE**

The mailing address of the Limited Liability Company is P.O. Box 12316, St. Petersburg, Florida 33733, and the street address of the principal office of the Limited Liability Company is 2021½ 1<sup>st</sup> Avenue North, St. Petersburg, Florida 33713.

**ARTICLE IV.  
INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office of the Limited Liability Company is 2021½ 1<sup>st</sup> Avenue North, St. Petersburg, Florida 33713, and the name of the registered agent is Jacob W. Holchouse.

**ARTICLE V.  
PURPOSE**

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

**ARTICLE VI.  
MANAGEMENT**

The Company shall be a manager-managed limited liability company. The authority, and limitations on such authority, of the manager shall be specified in the operating agreement of the Company. The initial manager of the Company, and the address of said manager, shall be Jacob W. Holchouse, 2021½ 1<sup>st</sup> Avenue North, St. Petersburg, Florida 33713.

The undersigned, being the authorized representative, hereby certifies that the foregoing constitutes the Articles of Organization of HH INSURANCE GROUP, LLC.

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Executed by the undersigned on March 5<sup>th</sup>, 2018.

  
Jacob W. Holehouse

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**  
**ACKNOWLEDGMENT OF REGISTERED AGENT**

Pursuant to Section 605.0113, Florida Statutes, I agree to act in the capacity of registered agent for HH INSURANCE GROUP, LLC and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 605.0113.

DATED this 5<sup>th</sup> day of March, 2018.

  
Jacob W. Holehouse

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