

# L18000108161

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : SHUTTS & BOWEN LLP (ORLANDO)  
Account Number : I200300000004  
Phone : (407) 835-6769  
Fax Number : (407) 843-4076

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FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
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**FLORIDA LIMITED LIABILITY CO.**  
**Mullinax Insurance Holdings, LLC**

Certificate of Status	0
Certified Copy	0
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16 MAY -4 AM 9:36ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## ARTICLE I - Name

The name of the Limited Liability Company is:

MULLINAX INSURANCE HOLDINGS, LLC

## ARTICLE II - Address

The mailing address and the street address of the principal office of the Limited Liability Company is as follows:

1551 East Semoran Boulevard  
Apopka, Florida 32704

## ARTICLE III - Management

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial managers shall be:

Gerald L. Mullinax  
Lawrence E. Mullinax  
1551 East Semoran Boulevard  
Apopka, Florida 32704ARTICLE IV - Registered Agent and Office and  
Registered Agent's Signature

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

CORPORATION COMPANY OF ORLANDO  
300 South Orange Avenue  
Suite 1600 (JGH)  
Orlando, Florida 32801


*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 as provided for in Chapter 605, Florida Statutes.*

CORPORATION COMPANY OF ORLANDO

By: 

(Registered Agent's Signature)

J. Gregory Humphries, Vice President

  
Signature of a member or an authorized representative of a member

J. Gregory Humphries, Esquire, Authorized Representative

(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 true. 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, Florida Statutes)

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