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FLORIDA LIMITED LIABILITY CO.  
TEAL INSURANCE MANAGEMENT, LLC

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**ARTICLES OF ORGANIZATION  
OF  
TEAL INSURANCE MANAGEMENT, LLC**

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, as the same may from time to time be amended, superseded or replaced (the "Act").

**ARTICLE I - NAME**

The name of this limited liability company (the "Company") is **TEAL INSURANCE MANAGEMENT, LLC**.

**ARTICLE II - ADDRESS**

The initial address of the principal office and the initial mailing address of the Company is 1440 Coral Ridge Drive, Suite 250, Coral Springs, Florida 33071.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 1301 Riverplace Boulevard, Suite 1500, Jacksonville, Florida 32207 and the name of its initial registered agent at such address is Douglas H. Shaver.

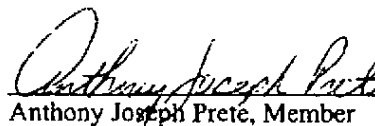
**ARTICLE IV - MANAGEMENT OF THE COMPANY**

The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The initial manager of the Company is Anthony Joseph Prete.

**ARTICLE V - LIMITED LIABILITY**

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

**IN WITNESS WHEREOF**, the undersigned, being the sole Member of the Company, has executed these Articles of Organization this 8<sup>th</sup> day of May, 2019. In accordance with Section 605.0205(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
Anthony Joseph Prete, Member

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida:

1. The name of the limited liability company is:

**Teal Insurance Management, LLC**

2. The name and address of the registered agent and office is:

**Douglas H. Shaver  
1301 Riverplace Boulevard, Suite 1500  
Jacksonville, Florida 32207**

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.

Dated: May 8, 2019

Signature of Registered Agent

  
\_\_\_\_\_  
Douglas H. Shaver