Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:			
	Division of Corporations		•
	Fax Number	: (850)617-6381	
From:			
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number	: 120000000019	
	Phone	: (305)552-5973	7.1,
	Fax Number	: (305)675-5944	-,-,-
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**Ente	er the email addr	ess for this business entity to be used for fu	ture
		ilings. Enter only one email address please.**	

FLORIDA LIMITED LIABILITY CO. BROKER AGENCIES AND PARTNERS LLC

Certificate of Status	1
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Florida Department of State

Attention: New Filings Section

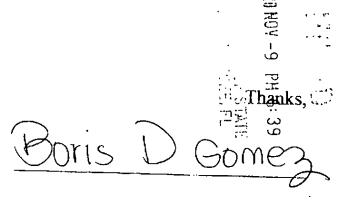
To whom it may concern:

This is to advise that the owners of

Broker Agencies and Partners LLC

of Document # <u>P20000070005</u>

Thank you for your help in this matter.



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Required Signatures:

Signature of a member or an authorized representative of a member.

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, F.S.

Typed or printed name of signee

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, F.S..

Registered Agent's Signature (REQUIRED)