Electronic Articles of Organization For Florida Limited Liability Company

L210000 FILED 8: January Sec. Of 5 vherring

Article I

The name of the Limited Liability Company is:

GOV-BENEFITS PLLC

Article II

The street address of the principal office of the Limited Liability Company is:

8614 W VARRICCHIO LANE CRYSTAL RIVER, FL. US 34428

The mailing address of the Limited Liability Company is:

8614 W VARRICCHIO LANE CRYSTAL RIVER, FL. US 34428

Article III

Other provisions, if any:

INSURANCE AGENCY

Article IV

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

PETER DEROSA 8614 W VARRICCHIO LANE CRYSTAL RIVER, FL. 34428

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.

Registered Agent Signature: PETER DEROSA

Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR
PETER A DEROSA SR.
8614 W VARRICCHIO LANE
CRYSTAL RIVER, FL. 34428 US

Title: AMBR MARK J DEROSA 8614 W VARRICCHIO LANE CRYSTAL RIVER, FL. 34428 US

Title: AMBR
PETER J DEROSA
8614 W VARRICCHIO LANE
CRYSTAL RIVER, FL. 34428 US

Signature of member or an authorized representative

Electronic Signature: CHEYENNE MOSELEY, LEGALZOOM.COM, INC.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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