| 02/04/2021 | 1 54 SEP201440 OCOORDEDRATE CORPORATE SOCIED RATE SOCI | 01/03 |
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| _ | Division of Corporations Electronic Filing Cover Sheet | |
| | Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. | |
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| | H210000475473ABC/ Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. | |
| 2021 FF7 - 3 PM 3:52 | To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** | 2021 FEB -3 PH 2: 58 |
| | Email Address: | |
| ÷ | FLORIDA LIMITED LIABILITY CO. WEDO INSURANCE GROUP LLC | |

| Certificate of Status | 1 | |
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| Certified Copy | 0 | |
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SECRETARY OF STATE TALLAHASSEE, FL

ARTICLES OF ORGANIZATION TALL 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:

a

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 of 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)

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BECRETARY

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TALLAHASSEE,

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