

L950000 00665

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

File 2nd
00308, 00524, 00671
W95-17343
SN AUG 28 1995

RE: Automated Insurance
Agency LC

	C.C. FEE.	DISBURSED
Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File <u>LC</u>		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
<input checked="" type="checkbox"/> Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
<input checked="" type="checkbox"/> C U S. <u>95</u>		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s _____ Copies		
Courier Service		
Shipping/Handling		
Phone () _____		
Top Priority		
Express Mail Prop.		
FAX () _____ pgs.		
SUBTOTALS		

800001577008
-09/05/95-01095-034
***293.75 ***293.75

FILED
95 AUG 30 AM 9:32
TALLAHASSEE FLORIDA

REQUEST TAKEN CONFIRMED APPROVED
DATE _____
TIME _____ CK No. _____
BY AAK

WALK-IN Will Pick Up 522 1000

FEE.....	\$ 95
DISBURSED.....	\$ 00
SURCHARGE.....	\$ 00
TAX on corporate supplies.....	\$ 00
SUBTOTAL.....	\$ 95
PREPAID.....	\$ 00
BALANCE DUE.....	\$ 95

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RECEIVED
DIVISION OF CORPORATIONS
AUG 30 1995

August 28, 1995

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST., STE. 1
TALLAHASSEE, FL 32301

SUBJECT: AUTOMATED INSURANCE AGENCY, L.C.
Ref. Number: W95000017343

We have received your document for AUTOMATED INSURANCE AGENCY, L.C. and check(s) totaling \$293.75. However, your check(s) and document are being returned for the following:

YOU MUST LIST THE ACTUAL AMOUNT OF CASH CONTRIBUTIONS IN YOUR AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Sandy Ng
Document Specialist

Letter Number: 095A00040092

Corrected

ARTICLES OR ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY

FILED

95 AUG 30 AM 9:52

ARTICLE 1 - NAME:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUTOMATED INSURANCE AGENCY, L.C.

ARTICLE 11 - Address:

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

C/O 145 East 49th Street
Hialeah, Fl. 33013

ARTICLE III - Duration:

The period of duration for the Limited Liability Company
shall be:

30 YEARS

ARTICLE IV - Management:

(check and complete the appropriate statement)

 The Limited Liability Company is to be managed by a
manager or managers and the names(s) and address(es) of such
manager(s) who is/are to serve as manager(s) is/are:

XX The Limited Liability Company is to be managed by the
members and the names(s) and address(es) of the managing
member(s) is/are:

AGENCY MANAGERS, L.C. - 80% contribution
C/O Carlos Lidsky,
Attorney at Law,
145 E. 49th Street
Hialeah, FL 33013

LLOYD REGISTER III - 5% contribution
C/O Carlos Lidsky,
Attorney at Law, P.A.
145 East 49th Street
Hialeah, FL 33013

LLOYD REGISTER IV - 5% contribution
C/O Carlos Lidsky,
Attorney at Law, P.A.

145 East 49th Street
Hialeah, FL 33013

- 5% contribution

ALEX CAMPOS
C/O Carlos Lidsky,
Attorney at Law, P.A.
145 East 49th Street
Hialeah, FL 33013

RICHARD PERRY - 5% contribution
C/O Carlos Lidsky,
Attorney at Law, P.A.
145 East 49th Street
Hialeah, FL 33013

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

STATED IN THE BYLAWS.

ARTICLE VI - Members Right to Continue Business:

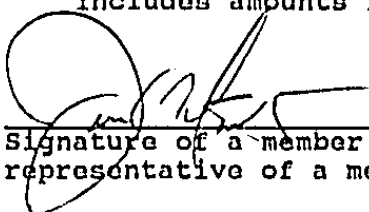
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

STATED IN THE BYLAWS.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of AUTOMATED INSURANCE AGENCY, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$1000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$1,000.00 This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.

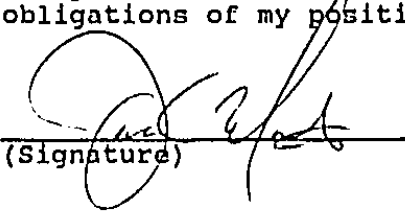
CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 608.415 or 608.507,
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY
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: AUTOMATED
INSURANCE AGENCY, L.C.
- 2) The name and address of the registered agent and office
is:

CARLOS LIDSKY, ESQ
145 East 49th Street
Hialeah, FL 33013

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.


(Signature)

8-13-95
(Date)

AFFIDAVIT

STATE OF FLORIDA)
) SS.
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared JUAN C. MONTES, ESQ., who, being by me first duly sworn, on oath, deposes and says, as follows:

1. I am employed as an attorney by the offices of Carlos Lidsky, Attorney at Law, P.A..

2. Our office represents Automated Insurance Agency, Inc.

3. On behalf of our clients, we are voluntarily dissolving the above corporation.

4. We will not revoke the resolution once it has passed.


5. We request a release of the corporate name, Automated Insurance Agency, Inc., back to us for the purposes of forming a Limited Liability Company using the same name.

FURTHER AFFIANT SAYETH NOT.



JUAN C. MONTES, ESQ.
AFFIANT

SWORN TO AND SUBSCRIBED before me this 21st day of August, 1995.



NOTARY PUBLIC

My Commission Expires:



OFFICIAL SEAL
MIDALYS LOPEZ
My Commission Expires
April 21, 1996
Comm. No. CC 195261

CLERK OF DISTRICT
TALLAHASSEE, FLORIDA

95 AUG 30 AM 9:52

FILED