

L-9500000895

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A PROFESSIONAL CORPORATION

COUNSELLORS AT LAW

80 MAIN STREET

WEST ORANGE, NEW JERSEY 07052-5482

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FILE #

November 14, 1995

50000116421895  
11/20/95 11:01 AM  
\*\*\*\$27.50 \*\*\*\$27.50

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: Petigrow Insurance, L.L.C.

Dear Sir:

I have enclosed an original and one copy of the following documents for filing:

1. Articles of Organization
2. Certificate of Designation of Registered Agent
3. Affidavit.

Also enclosed is a check in the amount of \$327.50 to cover the cost of filing.

Please file the enclosed documents as soon as possible and return a certified copy to me in the enclosed envelope provided.

If you should have any questions, please do not hesitate to contact me.

Sincerely,

*Rosalie Andolino*

ROSALIE ANDOLINO  
Corporate Administrator

RA:ea  
encls.

FILED  
NOV 20 PM 3:50  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

RAND  
11-21-95

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY

of

PETIGROW INSURANCE, L.L.C.

FILED  
95 NOV 20 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is:

PETIGROW INSURANCE, L.L.C.

ARTICLE II - Addresses

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

653 N.W. 110th Avenue  
Coral Springs, Florida 33071

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be thirty years from the date of filing.

ARTICLE IV - Management:

The Limited Company is to be managed by a manager and the name and address of such manager who is to serve as manager is:

Richard B. Petigrow  
653 N.W. 110th Avenue  
Coral Springs, Florida 33071

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:

There is no right to admit additional members.

ARTICLE VI - Members Rights 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:

The remaining members of the limited liability company have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrences of any other event by unanimous consent of the remaining members provided there are at least two members.

A handwritten signature in dark ink, appearing to read 'R B Petigrow', written over a horizontal line.

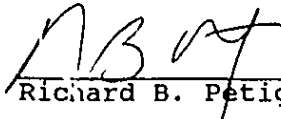
Richard B. Petigrow, Member

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

The undersigned member or authorized representative of a member of

PETIGROW INSURANCE, L.L.C. deposes and says:

- 1) the above named liability company has at least two members.
- 2) the total amount of cash contributed by the member(s) is \$1,000.00.
- 3) there is no property other than cash contributed by the members.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$1,000.00.

  
Richard B. Petigrow, Member

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

PURSUANT TO THE PROVISIONS 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: Petigrow

Insurance, L.L.C.

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

Richard B. Petigrow

653 N.W. 110th Avenue

Coral Springs, Florida 33071

Having been named as registered agent and to accept the 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.

By: RBH

Richard B. Petigrow

11/15/95

(Date)

FILED  
95 NOV 20 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILE NOW: Fee after May 1, will be \$263.75**

APPROVED  
DATE

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> <b>\$ 238.75</b>	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  <b>DOCUMENT #L95000000895</b>  PETIGROW INSURANCE, L.L.C. <del>653 N.W. 110TH AVENUE</del> <del>CORAL SPRINGS FL 33071</del>
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1a. Principal Place of Business Address  <del>653 N.W. 110TH AVENUE</del> <del>CORAL SPRINGS FL 33071</del>
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If above mailing address is incorrect in any way line through incorrect information and enter correction in Block 2a

2. Principal Place of Business <b>8331 WEST ATLANTIC BLVD</b> Suite, Apt. #, etc.  City & State <b>CORAL SPRINGS, FLORIDA</b> Zip <b>33071</b>	2a. Mailing Address  Suite, Apt. #, etc.  City & State <b>FLORIDA</b> Zip  Country
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3. Date Organized or Qualified <b>11/20/1995</b>	3a. State of Formation <b>FL</b>
4. FEI Number <b>65-0632097</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> At 75 Additional Fee Required

7. Name and Address of Current Registered Agent  PETIGROW, RICHARD B <del>653 N.W. 110TH AVENUE</del> <del>CORAL SPRINGS FL 33071</del>
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8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>8331 WEST ATLANTIC BLVD</b> Suite, Apt. #, etc.  City <b>CORAL SPRINGS FL</b>	Zip Code <b>33071</b>
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE *RB* DATE 4/25/96

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PETIGROW, RICHARD B	<del>653 N.W. 110TH AVENUE</del> <b>AS ABOVE</b>	<del>CORAL SPRINGS FL</del>  900001813321 -05/08/96-01056-009 ****238.75 ****238.75

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address

SIGNATURE: *RB* RICHARD B. PETIGROW 4/25/96