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Cameron & Davis, P.A.
ATTORNEYS AT LAW

ONE CLEARLAKE CENTRE, SUITE 1601
250 AUSTRALIAN AVENUE SOUTH
WEST PALM BEACH, FLORIDA 33401

GLENN S. CAMERON
RICHARD T. DAVIS

TELEPHONE (561) 659-5522
FACSIMILE (561) 659-9811

JAMES A. MORTON, JR.
DIRECTOR OF
MARKETING AND DEVELOPMENT

June 11, 1999

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-06/17/99 - 01032--006

*****72.50 *****72.50

Florida Department of State
Division of Corporations
409 E. Gaines
Tallahassee, Florida 32399

W99-14362

00789-01130-00071

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-07/01/99 - 01008--001

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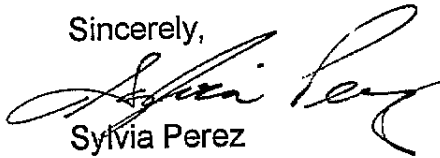
RE: Filing of Articles of Organization – Client Choice Insurance-Financial Services, LLC

To Whom It May Concern:

Enclosed are the Articles of Organization and the filing fee. In addition our office has enclosed a Federal Express Envelope for you to return when the Articles are processed.

If you have any questions, our toll free number is (800) 500-6776, and ask for Sylvia Perez.

Sincerely,



Sylvia Perez
Legal Assistant to
Richard T. Davis

Enclosure

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL -1 AM 8:57

Name	MJK
Availability	
Document Examiner	MJH
Updater	
Updater Verifier	
Acknowledgement	
W. P. Verifier	

FF \$285.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 22, 1999

SYLVIA PEREZ
250 AUSTRALIAN AVENUE SOUTH, SUITE 1601
WEST PALM BEACH, FL 33401

SUBJECT: CLIENT CHOICE INSURANCE-FINANCIAL SERVICES, LLC
Ref. Number: W99000014362

We have received your document for CLIENT CHOICE INSURANCE-FINANCIAL SERVICES, LLC and your check(s) totaling \$72.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees for a limited liability company breakdown as follows: \$250 filing fee, \$35 for designation of registered agent, \$52.50 for an optional certified copy, and \$8.75 for an optional certificate of status.

There is a balance due of \$212.50.

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 (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 999A00032938

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL - 1 AM 8:57

ARTICLES OF ORGANIZATION
OF
CLIENTCHOICE INSURANCE-FINANCIAL SERVICES, LLC

The undersigned, for the purposes of forming a limited liability company under the Florida Limited Liability Company Act, *Florida Statutes* Chapter 608, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I -- NAME

The name of the limited liability company shall be **CLIENTCHOICE INSURANCE-FINANCIAL SERVICES, LLC** ("Company").

ARTICLE II -- ADDRESS

The mailing address and street address of the principal office of the Company shall be:

18869 SE Windward Island Lane, Jupiter, Florida 33458.

ARTICLE III -- DURATION

The Company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in these articles of organization.

ARTICLE IV -- REGISTERED OFFICE AND AGENT

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

Kim R. Celedinas
18869 S.E. Windward Island Lane
Jupiter, Florida 33458

ARTICLE V -- CAPITAL CONTRIBUTIONS

The members of the Company shall contribute to the capital of the Company the cash or property set forth in Exhibit "A".

ARTICLE VI -- ADDITIONAL CAPITAL CONTRIBUTIONS

Each member shall make additional capital contributions to the Company only on the unanimous consent of all the members, or as otherwise provided for in its regulations.

ARTICLE VII -- ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

ARTICLE VIII -- TERMINATION OF EXISTENCE

The Company shall be dissolved on the death, bankruptcy or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the Company is continued by the consent of all the remaining members, provided there are at least two remaining members.

ARTICLE IX -- MANAGEMENT

The Company shall be managed by the members in accordance with regulations adopted by the members for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these articles of organization. The name and address of the member of the Company is:

NAME

ADDRESS

KIM R. CELEDINAS

18869 SE Windward Island Lane
Jupiter, Florida 33458

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization at North Palm Beach, Florida, on the 9 day of June, 1999.



Kim R. Celedinas

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 9th day of Dec,
1999, by KIM R. CELEDINAS, who is personally known to me or who produced
Personally Known as identification.




Sandra B Petrunger
My Commission CC761578
Expires July 22, 2002

Sandra B. Petrunger
Notary Public Signature

Sandra B. Petrunger
Notary Public Printed Name

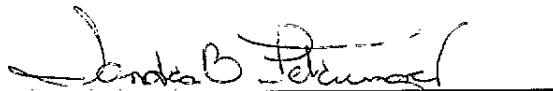
ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the articles of organization of **CLIENTCHOICE INSURANCE-FINANCIAL SERVICES, LLC**, hereby consents to accept service of process for the above stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties and is familiar with and accepts the obligations of the position of registered agent.


Kim R. Celedinas

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 9th day of June, 1999, by KIM R. CELEDINAS, who is personally known to me or who produced Personally Known as identification.


Notary Public signature

Sandra B. Petrunger
Notary Public printed name

Notary Seal:

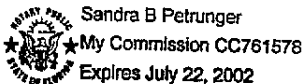


EXHIBIT "A"

Each member's initial contribution to capital shall be in the amount of \$1,000.00 each. Additional capital contributions shall be agreed to by the members or as otherwise provided for in the regulations of the Limited Liability Company.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS


STATE OF FLORIDA
COUNTY OF PALM BEACH

The undersigned member of **CLIENTCHOICE INSURANCE-FINANCIAL SERVICES, LLC** deposes and says:

1. The above named Limited Liability Company has one member.
2. The total amount of cash contributed by the member is ONE THOUSAND DOLLARS (\$1,000.00).
3. If any, the agreed value of property other than cash contributed by members is -0-. A description of the property is attached and made a part hereof.
4. The total amount of cash or property anticipated to be contributed by members is ONE THOUSAND DOLLARS (\$1,000.00). This total includes amounts from 2 and 3 above.

AFFIANT SAYS NOTHING FURTHER.

Dated this 9 day of June, 1999.



Kim/R. Celedinas

SWORN TO AND SUBSCRIBED before me this 9th day of June, 1999, by
KIM R. CELEDINAS, who is personally known to me or who produced
personally known as identification.



Notary Public signature

Sandra B. Petrunger

Notary Public printed name

Notary Seal:

