

L990000006175

Evolution Insurance Brokers
E2 Specialty

September 24, 1999

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Filing of new L.L.C.

100002997041--4
-09/27/99-01026-006
****346.25 ****346.25

Dear Sir or Madam:

I am herewith providing you with the required cover letter, payment check, and all completed paper work, including the Articles of Organization for a Florida Limited Liability Company and a Certificate of Designation of Registered Agent/Registered Office, with 2 duplicate copies.

My telephone and fax numbers are as captioned and are as follows:
Tel: (801) 304-5550 and Fax: (801) 304-5536.

Thank you for expediting this filing on my behalf.

Sincerely yours,


Bonnie Clark

FILED
99 SEP 27 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FL 32304

PRIME PLAZA
8722 South 300 West
Sandy, Utah 84070
(801)304-5550 Phone
(801)304-5536 Fax
(877)NSUREIB Toll Free
www.nsureib.com

DB
829-99

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Evolution Insurance Brokers of Florida, L.L.C.

ARTICLE II - Address:

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

Prime Plaza, 8722 South, 300 West, Sandy, Utah 84070

ARTICLE III - Duration:

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

50 years unless terminated earlier as a matter of law.

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

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

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

Bonnie Clark
Prime Plaza
8722 South, 300 West
Sandy, Utah 84070

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: Additional persons or entities may be admitted to the LLC as Members, if all LLC Interests of current Members consent to the admission of the additional Members on such terms and conditions as determined by a majority of LLC Interests of the Members and in accordance with the Articles of Organization. All new Members must sign the Operating Agreement and agree to be bound by the terms of the existing Operating Agreement.

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TALLAHASSEE, FLORIDA


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:

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of _____
Evolution Insurance Brokers of Florida, L.L.C. _____ certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 1,000 _____;
- 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.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 1,000 _____.



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Bonnie Clark

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$250.00 for Articles and Affidavit

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____
EVOLUTION INSURANCE BROKERS OF FLORIDA, LLC

2. The name and the Florida street address of the registered agent are:

James Burt

NAME

1131 North Dixie Freeway

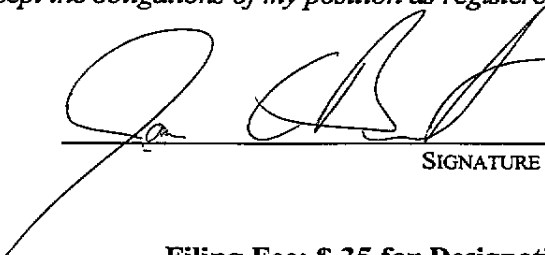
Florida street address (P. O. Box **NOT** ACCEPTABLE)

New Smyrna Beach, FL 32168

CITY, STATE AND ZIP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Filing Fee: \$ 35 for Designation of Registered Agent