RI SOS Filing Number: 200955321380 Date: 12/02/2009 2:25 PM

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION

Pursuant to the provisions of Chapter 7-16 of the General Laws of Rhode Island, 1956, as amended, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

1. The name of the limited liability company is:

   COMMERCIAL INSURANCE EXCHANGE LLC

2. The address of the limited liability company's resident agent in Rhode Island is:

   1390 MENDON ROAD (Street Address, not P.O. Box) CUMBERLAND (City/Town), RI 02864 (Zip Code)

   and the name of the resident agent at such address is NORMAN E. LECOURS (Name of Agent)

3. Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as:

   (Check one box only)

   ☐ a partnership *or* ☒ a corporation *or* ☐ disregarded as an entity separate from its member

4. The address of the principal office of the limited liability company if it is determined at the time of organization:

   PO BOX 7126, CUMBERLAND, RI 02864

   (If not determined, so state)

5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with Chapter 7-16, unless a more limited purpose or duration is set forth in paragraph 6 of these Articles of Organization.

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Form No. 400
Revised: 09/06

6. Additional provisions, if any, not inconsistent with law, which the members elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:

7. Management of the Limited Liability Company:

A. The limited liability company is to be managed ☐ by its members. *(If you have checked this box, go to item no. 8.)*

or

B. The limited liability company is to be managed [X] by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

Manager	Address
KATHLEEN BRUNO	200 HEROUX BLVD.,UNIT 903, CUMB.,RI 02864

8. The date these Articles of Organization are to become effective, if later than the date of filing, is:

JANUARY 1, 2010

(not prior to, nor more than 30 days after, the filing of these Articles of Organization)

Name and Address of Authorized Person:

KATHLEEN BRUNO
200 HEROUX BLVD # 903
CUMB RI 02864

Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: DEC. 2, 2009

Kathleen M Bruno

Signature of Authorized Person

State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

December 02, 2009 2:25 PM

A. RALPH MOLLIS

Secretary of State

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