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Division of Corporations

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Florida Department of State

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MOMBACH, BOYLE & HARDIN, P.A.
Account Number : 074143000064
Phone : (954) 467-2200
Fax Number : (954) 467-2210

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@acceleratedclaimssolutions.com

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DIVISION OF CORPORATIONS
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FLORIDA LIMITED LIABILITY CO.
ACCELERATED CLAIMS SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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B. BOSTICK

AUG - 7 2014

EXAMINER

ARTICLES OF ORGANIZATION
OF
ACCELERATED CLAIMS SOLUTIONS, LLC

The undersigned, as the authorized representative of the initial member(s) of **ACCELERATED CLAIMS SOLUTIONS, LLC**, a Florida limited liability company formed hereunder (the "Company"), on behalf of the member(s) of the Company, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I
COMPANY NAME

The name of the company is **ACCELERATED CLAIMS SOLUTIONS, LLC**.

ARTICLE II
MAILING ADDRESS AND STREET ADDRESS OF COMPANY

The mailing address, the street address and e-mail address of the principal office of the Company is:

5722 S. Flamingo Rd. #604
Fort Lauderdale, Florida 33330-3206
e-mail: info@acceleratedclaimssolutions.com

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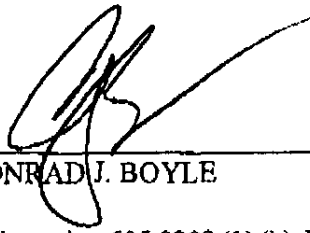
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ARTICLE III
REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the
State of Florida shall be:

Conrad J. Boyle
Mombach, Boyle, Hardin & Simmons, P.A.
500 East Broward Boulevard
Suite 1950
Fort Lauderdale, Florida 33394

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial
member(s) of the limited liability company hereby executes these Articles of Organization, this 5th
day of August, 2014.



CONRAD J. BOYLE

(In accordance with section 605.0203 (1) (b), Florida Statutes,
the execution of this document constitutes an affirmation
under the penalties of perjury that the facts stated herein are
true. I am aware that any false information submitted in a
document to the Department of State constitutes a third
degree felony as provided for in s.817.155, F.S.)

FILED

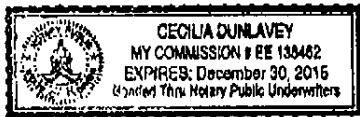
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STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 5th day of August, 2014, by
CONRAD J. BOYLE, who ☒ is personally known to me or who ☐ has produced a Florida
driver's license as identification.



Cecilia Dunlavy
Notary Public - State of Florida
My Commission Expires:
Commission Number:

Having been named as registered agent and to accept service of process for the above 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 as provided for in Chapter 605, F.S.

DATED this 5th day of August, 2014.

CONRAD J. BOYLE
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TALLAHASSEE, FLORIDA

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