

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Aviation Claims Services, L.L.C.
Filing and Certified Copy Requested

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Filing and Certified Copy Requested

Ladies and Gentlemen:

Please find enclosed for filing one original and two copies of the articles of organization for the above-referenced Limited Liability Company. Also enclosed is a check for \$155 as the appropriate filing fee for the articles of organization and for the Certificate of Designation of Registered Agent/Registered Office AND a certified copy of the filed documents.

Please return the proof of filing to:

**My Corporation Dot Com
Florida Filings
26500 West Agoura Road, #572
Calabasas, California 91302**

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***155.00 ***155.00

Thank you for your continued assistance.

Sincerely,

Gerry Baker
9800 SW 62nd Court
Pinecrest, Florida 33156-3325

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**Articles Of Organization
For
Florida Limited Liability Company

Aviation Claims Services, L.L.C.**

ARTICLE I - Name:

The name of the Limited Liability Company is Aviation Claims Services, L.L.C.

ARTICLE II - Address:

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

9800 SW 62nd Court
Pinecrest, Florida 33156-3325

ARTICLE III - Duration:

The Limited Liability Company shall dissolve no later than December 31, 2070.

ARTICLE IV - Management:

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:

Gerry Baker
9800 SW 62nd Court
Pinecrest, Florida 33156-3325

Stella Baker
9800 SW 62nd Court
Pinecrest, Florida 33156-3325

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ARTICLE V - 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: NONE.



Gerry Baker, 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.)

**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 Aviation Claims Services, L.L.C.
2. The name and the Florida street address of the registered agent is:

Gerry Baker
9800 SW 62nd Court
Pinecrest, Florida 33156-3325

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.



Gerry Baker, Registered Agent

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