

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L03000007927  
FILED 8:00 AM  
March 05, 2003  
Sec. Of State

**Article I**

The name of the Limited Liability Company is:  
FRONT LINE CLAIM SERVICES, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
474 VILLAGE DRIVE  
TARPON SPRNGS, FL. 34689

The mailing address of the Limited Liability Company is:  
474 VILLAGE DRIVE  
TARPON SPRNGS, FL. 34689

**Article III**

The name and Florida street address of the registered agent is:  
ROBERT E DEFUSCO  
474 VILLAGE DRIVE  
TARPON SPRINGS, FL. 34689

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.

Registered Agent Signature: ROBERT E. DEFUSCO

## **Article IV**

The name and address of managing members/managers are:

Title: MGR  
ROBERT E DEFUSCO PRES  
474 VILLAGE DRIVE  
TARPON SPRINGS, FL. 34689

**L03000007927  
FILED 8:00 AM  
March 05, 2003  
Sec. Of State**

Signature of member or an authorized representative of a member

Signature: ROBERT E. DEFUSCO