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(Req	uestor's Name)	
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TRANSMITTAL LETTER

I KANSMII IAL LEI IEK	
TO: Registration Section Division of Corporations	
SUBJECT: Alliance Adjustment Group, LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jason Zielinski (Name of Person)	
Zielinski & Associates, PA	
(Firm/Company)	
800 E. Broward Boulevard Suite 702	
(Address)	
Fort Lauderdale, FL 33301 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Jason Zielinski at (954) 524-6131 (Name of Person) (Area Code & Daytime Telephone Number)	·
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \$\Bigcup \\$155.00 Filing Fee & \$\Bigcup \\$160.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed).	To the second se
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alliance Adjustment Group, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Alliance Adjustment Group

800 E. Broward Boulevard Suite 702

Fort Lauderdale, FL 33301

Alliance Adjustment Group

800 E. Broward Boulevard Suite 702

Fort Lauderdale, FL 33301

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Name

800 E. Broward Boulevard Suite 702

Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale, FL 33301

FL

City, State, and Zip

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature

SECRETARY OF ST

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Gregg A. Zielinski
	1521 Alton Road #470
	Miami Beach, FL 33139
MGRM	Gregory F. Zielinski
	681 NE 76th St.
	Miami, FL 33138
MGRM	Jason P. Zielinski
	800 E. Broward Boulevard Suite 702
	Fort Lauderdale, FL 33301
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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

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

Jason Zielinski

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)