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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**premier personal injury protection group, llc**

Certificate of Status	0
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HOLLYWOOD 380

**ARTICLES OF ORGANIZATION**

**FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name of Limited Liability Company:

**PREMIER PERSONAL INJURY PROTECTION GROUP, LLC**

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

**1930 HARRISON STREET  
STE 203  
HOLLYWOOD, FL 33020**

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

**CARLOS PASTOR  
1930 HARRISON STREET  
STE 203  
HOLLYWOOD, FL 33020**

*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..*

*[Signature]*

Registered Agent's Signature

Date 03/02/2006

☒ Article IV - Management (Check box if applicable.)  
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

1. CARLOS PASTOR, 1930 HARRISON STREET, STE 203, HOLLYWOOD, FL 33020

2. CARLOS PASTOR, 1930 HARRISON STREET, STE 203, HOLLYWOOD, FL 33020

*[Signature]*

Signature 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.

**CARLOS PASTOR**

Typed or printed name of signee

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