

Division of Corporations

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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : T20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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DIVISION OF CORPORATION

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Family Adjusters LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

FAMILY ADJUSTERS LLC

**ARTICLE II: Address**

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

22044 AQUILA ST

BOCA RATON, FL 33428

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE**

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

A1A REGISTERED AGENT INC.

92 SADBERRY ROAD

QUINCY, FLORIDA 32351

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Having been named as registered agent 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

**ARTICLE IV: MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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FAMILY ADJUSTERS LLC

ARTICLE V: MEMBERS (optional)

**MANAGING MEMBER:**

DIANE ROBERTS

22044 AQUILA ST  
BOCA RATON, FL 33428

**MANAGING MEMBER:**

JOHN ROBERTS

22044 AQUILA ST  
BOCA RATON, FL 33428

**MANAGING MEMBER:**

JENNIFER ROBERTS

22044 AQUILA ST  
BOCA RATON, FL 33428

**MANAGING MEMBER:**

KRISTINA ROBERTS

22044 AQUILA ST  
BOCA RATON, FL 33428

x



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.)

JOHN ROBERTS

Typed or printed name of signee

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