Electronic Articles of Organization
For
Florida Limited Liability Company

L07000021640
FILED 8:00 AM
February 27, 2007
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:

HOLLIS CLAIMS SERVICE LLC

Article II

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

6113 HALF MOON DRIVE
PORT ORANGE, FL. US 32127

The mailing address of the Limited Liability Company is:

PO BOX 290417
PORT ORANGE, FL. US 32129

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

JAMES J HOLLIS
6113 HALF MOON DRIVE
PORT ORANGE, FL. 32127

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: JAMES J. HOLLIS

Article V

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The name and address of managing members/managers are:

Title: MGR
JAMES J HOLLIS
6113 HALF MOON DRIVE
PORT ORANGE, FL. 32127 US

Title: MGRM
CYNTHIA A HOLLIS
6113 HALF MOON DRIVE
PORT ORANGE, FL. 32127 US

Signature of member or an authorized representative of a member

Signature: JAMES J. HOLLIS