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SECRETARY OF STATE STATE SECRETARY OF CORPORATIONS

COVER LETTER

TO:	Registration Section Division of Corporations	
SURJE	RCT. PYRUS FIRE LOSS CONSULTANTS, LLC	
00202	(Name of Limited Liability Company)	
The end	sclosed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	STEPHEN M. O'CONNOR	
•	(Name of Person)	
	PYRUS FIRE LOSS CONSULTANTS, LLC	
	(Firm/Company)	
	P.O. BOX 8443	S. S.
·	(Address)	SION
	JUPITER, FL 33468-8443	STEP CONTE
	(City/State and Zip Code)	2890
For furt	(Address) JUPITER, FL 33468-8443 (City/State and Zip Code) Ther information concerning this matter, please call:	STATE OF
STE	PHEN M. O'CONNOR at 561 307-1948	Ο,
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclos	sed is a check for the following amount:	
\$125.0	.00 Filing Fee \$\bigsiz \bigsiz \biz \bigsiz \biz \biz \biz \biz \biz \biz \biz \b	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PYRUS FIRE LOSS CONSUL	TANTS LLC
	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11278 165TH RD N JUPITER, FL 33478-6149	P.O. BOX 8443
00/11ER, FE33478-0148	JUPITER, FL 33468-8443
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address	of the registered agent are:
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)	of the registered agent are:
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address	of the registered agent are: NOR Name
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address FLORA O'CON 11278 165TH F	of the registered agent are: NOR Name
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address FLORA O'CON 11278 165TH F	of the registered agent are: NOR Name RD N street address (P.O. Box NOT acceptable)

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 (REQUIRED)

(CONTINUED)
Page 1 of 3

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

	lanager Managing Member	Name and Address:	
MGRM		STEPHEN M. O'CONNOR	
		P.O. BOX 8443	
		JUPITER, FL 33468-8443	
 			
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(Use attach	ment if necessary)		
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ICLE V: Effe effective data 90 days after	ctive date, if other than is listed, the date must he date of filing.)	the date of filing: (OPTION at be specific and cannot be more than five business da	AL)
ICLE V: Effe effective data 90 days after	ctive date, if other than is listed, the date mus	the date of filing: (OPTIONA	AL)
ICLE V: Effe effective data 90 days after	ctive date, if other than is listed, the date must the date of filing.) D. SIGNATURE:	the date of filing: (OPTION at be specific and cannot be more than five business days.)	AL)
ICLE V: Effe effective data 90 days after	ctive date, if other than is listed, the date must the date of filing.) D SIGNATURE: Signature of a mer of this document of	the date of filing: (OPTIONA	AL)

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

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE VI - PURPOSE

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE VII - WITHDRAWAL

In the event of the withdraw (within the meaning of Chapter 608, Florida Statues) of a member pursuit to the express terms of the operating agreement, the member shall be entitled to receive only the distributions and other payments expressly provided for in the operating agreement, regardless of whether such distributions and other payments equal the fair value of such withdrawing Members interest in the Company as of the date of resignation (within the meaning of Chapter 608.427, Florida Statues) of the member from the Company.

SECRETAR CORPORATION:
DIVISION OF CORPORATION:
51 PM 1:51