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DEPARTMENT OF STATION OF CORPORATION

DIVISION OF CORPORATION

B. KOHR

JAN 2 5 2008

EXAMINER

COVER LETTER

			
	COVE	R LETTER	
	ation Section n of Corporations		PICE IN
SUBJECT: Fl	orida Peninsula Claim S (Name of Limit	Services, LLC ed Liability Company)	ALLAMAS ALLA
The enclosed Art	icles of Organization and fee(s) are	submitted for filing.	OST.
Please return all	correspondence concerning this mat	ter to the following:	,
	Kathleen		
		(Name of Person)	
C	olodny, Fass, Talenfeld		.A.
	n' ' 1 n1 100 an	(Firm/Company)	
One	Financial Plaza, 100 SE	3rd Avenue, 23rd Floo	r
		(Address)	
	Fort Lauderdale, Florid	la 33394	
-	(Cit	y/State and Zip Code)	
For further inform	nation concerning this matter, please	e call:	
Kathleen	A. Moore	954 492-4010	•
<u> =</u>	(Name of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a ch	neck for the following amount:		
\$125.00 Filing	Fee \$\sumsymbol{\sumsymbol{\subsymbol{\sin}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF FLORIDA PENÍNSULA CLAIM SERVICES, LLC

ALCON RECEIVED

The undersigned, for the purpose of organizing a Florida Limited Liability Company, pursuant to Florida law, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I -- NAME

The name of the limited liability company shall be FLORIDA PENINSULA CLAIM SERVICES, LLC ("Company").

ARTICLE II -- ADDRESS

The mailing address and street address of the principal office of the Company is 621 N.W. 53rd Street, Suite 125, Boca Raton, Florida 33487 or such other address as may be determined by the Managers of the Company from time to time.

ARTICLE III – PURPOSE

The purpose for which this Company is organized is any and all lawful business.

ARTICLE IV -- REGISTERED OFFICE AND AGENT

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

Stacey Giulianti 621 N.W. 53rd Street Suite 125 Boca Raton, FL 33487

Certificate of Registered Agent

Having been named as the registered agent and to accept service of process for the 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 the position as registered agent as provided for in Chapter 608, F.S.

Dated: December 22, 20078

Macey Giulianti, Registered Agent

ARTICLE IV -- MANAGEMENT

The Company shall be managed by one or more managers and is, therefore, a manager-managed company.

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.

FLORIDA PENINSULA CLAIM SERVICES, LLC

Gary Cantor, Authorized Representative of Member

STATE OF FLORIDA

SS.

COUNTY OF Palm Bach

The foregoing instrument was acknowledged before me this 22 day of December 2007 by Gary Cantor, who is personally known to me or who has produced

as identification.

My Commission Expires:

NOTARY PUBLIC - STATE OF FLORIDA

M. Gonzalez

Commission # DD623976

EMPIRES: JAN. 30, 2011

BONDED THEE STEANTIC BONDING CO., INC.

Printed Name of Acknowledger Notary Public, State of Florida at Large