

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L08000071565
FILED 8:00 AM
July 25, 2008
Sec. Of State
Isellers**

Article I

The name of the Limited Liability Company is:

INSURANCE CLAIMS CONSULTANTS AND LOSS RECOVERY LLC

Article II

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

490 OPA LOCKA BLVD
11
OPA LOCKA, FL. 33054

The mailing address of the Limited Liability Company is:

490 OPA LOCKA BLVD
11
OPA LOCKA, FL. 33054

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:

CHRISTINE RAMATHIBELA
490 OPA LOCKA BLVD
11
OPA LOCKA, FL. 33054

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: CHRISTINE RAMATHIBELA

Article V

The name and address of managing members/managers are:

Title: MGR
CHRISTINE RAMATHIBELA
490 OPA LOCKA BLVD, SUITE 11
OPA LOCKA, FL. 33054 US

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Article VI

The effective date for this Limited Liability Company shall be:

07/19/2008

Signature of member or an authorized representative of a member

Signature: CHRISTINE RAMATHIBELA