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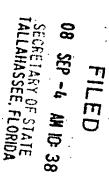
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T. HAMPTON

SEP - 5 2008

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJ	ECT. 360	Adjusting, LLC			
SUBJ	ECT:		ed Liability Comp	pany)	
The er	aclosed Articles o	f Organization and fcc(s) are	submitted for filin	10.	
		ondence concerning this matt			
	•	-	·		
	Sean N. F	arker, Esquire	(Name of Person)		_
	Roswell &	Dunlap LLP			
		•	(Firm/Company)		_
	P.O. Draw	ver 30			
			(Address)		—
	Bartow, Fl	L 33831			
		(Cit	y/State and Zip Cod	de)	
For fu	rther information	concerning this matter, please	e call:		
				E22 7117	
Sea	ın R. Parke	of Person)	_ at (<u>863</u> (Area Cod	be de & Daytime Telephone Number)	
	,	or the following amount:	_		
√ \$125	.00 Filing Fee	L_\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional cop	Opy Certificate of Status &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exc	Courier Address tion Section to of Corporations Building tecutive Center Circle tissee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
360 Adjusting, LLC (Must end with the words "Limited Liability	/ Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is			
Principal Office Address:	Mailing Address:			
1650 N. Park Avenue	P.O. Box 1359			
Bartow, FL 33830	Bartow, FL 33831			
The name and the Florida street address of the reg	gistered agent are:			
245 S. Central Avenue				
Florida street address (P.O. Box NOT acceptable)				
Bartow, FL 33830 _{FL}				
City, State, and	d Zip			
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete perf	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of alformance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S.			

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

OB SEP -4 AN ID 38
SECRETARY OF STATE
TALLAHASSEE EL DOIN.

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:			
"MGR" = Mana "MGRM" = Man					
MGRM		Mitch Murphy			
		P.O. Box 1359			
		Bartow, FL 33831			
					
					
					
(Use attachment	if necessary)				
ARTICI E V. Effective	date if other than the dat	es of filing: (OPTIONAL)			
(If an effective date is lis	sted, the date must be sp	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior			
to or 90 days after the d	ate of filing.)				
<u>REQUIRED</u> SI	GNATURE:				
	M de m				
	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.)				
	Mitch Murphy				
	Typed	or printed name of signee			
Filing Fees	!	- .			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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