

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

L08000090226
FILED 8:00 AM
September 23, 2008
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:
INSURANCE CLAIMS CONSULTANTS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
3619 NE 207TH STREET
2203
AVENTURA, FL. 33180

The mailing address of the Limited Liability Company is:
3619 NE 207TH STREET
2203
AVENTURA, FL. 33180

Article III

The purpose for which this Limited Liability Company is organized is:
FLORIDA ALL-LINES PUBLIC ADJUSTER

Article IV

The name and Florida street address of the registered agent is:
GAVRYEL SILVERSTEIN
3619 NE 207TH STREET
AVENTURA, FL. 33180

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: GAVRYEL SILVERSTEIN

Article V

The name and address of managing members/managers are:

Title: MGR
GAVRYEL SILVERSTEIN
3619 NE 207TH STREET APT. 2203
AVENTURA, FL. 33180

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Signature of member or an authorized representative of a member

Signature: GAVRYEL SILVERSTEIN