

**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