

Jan 15 2009 10:06 AM

Division Corporations

Page 1 of 1

W9000004882

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000009430 3)))



H09000009430ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : COURT ACCESS CENTERS OF AMERICA  
Account Number : 075350000541  
Phone : (813) 875-1333  
Fax Number : (813) 875-2703

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JAN 15 AM 8:30

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Southeast Public Adjusters, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

09 JAN 15 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

M. THOMAS

JAN 16 2009

<http://efile.scrips.org/scripts/efilecovr.exe>

1/14/2009

EXAMINER

Audit # H09000009430

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:

**Southeast Public Adjusters, LLC**

The mailing address and street address of the Limited Liability Company are:

**8870 N Himes Ave., # 103  
Tampa, FL 33614**

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3249 W Cypress St., Suite C. Tampa, FL 33607, (813)-875-1333.

Audit # H09000009430

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JAN 15 10:08:30

FILED

Jan 15 2009 10:06AM HP LASERJET FAX

p. 3

Jan 14 2009 11:41PM HP LASERJET FAX

p. 1

Audit # H09000009430

**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

**8870 N Himes Ave., # 103  
Tampa, FL 33614**

and the name of its registered agent at such address is:

**Alfredo Moreno**

**ARTICLE VI**  
**Management**

This Limited Liability Company shall have One Manager(s) or Managing Member(s).

The name and address of Manager(s) or Managing Member(s) are:

**Name and Address**

**Alfredo Moreno, Managing Member  
8870 N Himes Ave., # 103  
Tampa, FL 33614**

Dated: Wednesday, January 14, 2009

  
Alfredo Moreno

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JAN 15 AM 8:30

FILED

Audit # H09000009430

Jan 15 2009 10:06AM HP LASERJET FAX

p.4

Jan 14 2009 11:41PM HP LASERJET FAX


p.2

Audit # H09000009430

**ACCEPTANCE BY REGISTERED AGENT**

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.

Date: January 14, 2009

  
Alfredo Moreno

FILED  
09 JAN 15 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Audit # H09000009430