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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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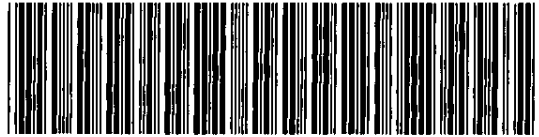
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JAN 16 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGNOLIA CLAIMS SERVICES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER D. WESTERLUND
(Name of Person)

BECKER & POLIAKOFF
(Firm/Company)

3111 STIRLING ROAD
(Address)

FT. LAUDERDALE, FL 33312
(City/State and Zip Code)

For further information concerning this matter, please call:

JENNIFER WESTERLUND at (954) 364-6072
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**ARTICLES OF ORGANIZATION
OF
MAGNOLIA CLAIMS SERVICES, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as the "Company") is:

MAGNOLIA CLAIMS SERVICES, LLC

ARTICLE II — Address:

The mailing address and street address of the principal office of the Company is:

2601 South Bayshore Drive, Suite 1215
Coconut Grove, FL 33133

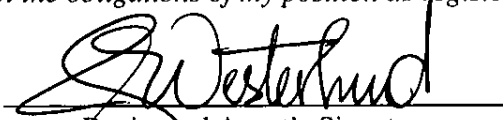
ARTICLE III — Registered Agent:

The name and the Florida street address of the initial registered agent is:

Jennifer D. Westerlund
Becker & Poliakoff
3111 Stirling Road
Ft. Lauderdale, FL 33312-6525

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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 as provided for in Chapter 608


Registered Agent's Signature

ARTICLE IV – MANAGING MEMBER or MANAGER

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

Managing Member (MGRM)

Irl Financial Group Incorporated
2601 South Bayshore Drive, Suite 1215
Coconut Grove, FL 33133

(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.)

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 9th day of January, 2009.



Irl Financial Group Incorporated, Managing Member
H. James Irl, authorized representative

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TALLAHASSEE, FLORIDA