Electronic Articles of Organization
For
Florida Limited Liability Company

L09000016571
FILED 8:00 AM
February 19, 2009
Sec. Of State
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Article I

The name of the Limited Liability Company is:

CLAIMS REIMBURSEMENT SPECIALISTS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

2263 N.W. 2ND AVENUE
SUITE 206
BOCA RATON, FL. 33431

The mailing address of the Limited Liability Company is:

2263 N.W. 2ND AVENUE
SUITE 206
BOCA RATON, FL. 33431

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

MARK ANTMAN
2263 N.W. 2ND AVENUE
SUITE 206
BOCA RATON, FL. 33431

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: MARK ANTMAN

Article V

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The name and address of managing members/managers are:

Title: MGR
MARK ANTMAN
18350 LONG LAKE DRIVE
BOCA RATON, FL. 33496

Title: MGR
DAVID WINTER
102 NE 2ND STREET #258
BOCA RATON, FL. 33432

Signature of member or an authorized representative of a member

Signature: MARK ANTMAN