

**LD9000021393**

Florida Department of State

Division of Corporations  
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## To:

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

## From:

Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
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Fax Number : (305) 716-03462009 MAR -4 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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09 MAR -4 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**FLORIDA/FOREIGN LIMITED LIABILITY CO.****AUTO CLAIM EXPERTS, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**C. LEWIS**

MAR - 5 2009

**EXAMINER**

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March 4, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FASTKIT CORPORATE OUTFITS

SUBJECT: AUTO CLAIM EXPERTS, LLC.  
REF: W09000010089

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 3, 2009. Please amend your document accordingly.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: E09000049071  
Letter Number: 109A00007411

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2009 MAR -4 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

AUTO CLAIM EXPERTS, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:17850 W. DIXIE HIGHWAYSUITE 2-BNORTH MIAMI BEACH, FL 33160Mailing Address:960 NE 175 STREETMIAMI, FL 33162

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LILIAN C. FISH

Name

960 NE 175 STREETFlorida street address (P.O. Box NOT acceptable)MIAMI, FL 33162

City, State, and Zip

*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, F.S.,*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

LILIAN C. FISH

960 NE 175 STREET

MIAMI, FL 33162

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:** 02/28/2009 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(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.)

LILIAN C. FISH

Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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