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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160

Phone : (800)494-3124 Fax Number : (561)455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO.

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VILAHASSEE, FLORIDA

Atlantic Claims, LLC

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C. LEWIS

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EXAMINER

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

ATLANTIC CLAIMS, LLC

ARTICLE II ADDRESS

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

6415 SW 129 PL #2410

MIAMI, FLORIDA 33183

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

ANGEL CARTGENA 6415 SW 129 PL #2410 MIAMI, FLORIDA 33183

Having been named as registered agent 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.

ANGEL CARTGENA/ Registered Agent's signature

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ATLANTIC CLAIMS, LLC

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER ANGEL CARTGENA 6415 SW 129 PL #2410 MIAMI, FLORIDA 33183

MANAGING MEMBER
MARILYN DEL CARMEN KINGHORN
6415 SW 129 PL #2410
MIAMI, FLORIDA 33183

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SECRETARY UP STATE

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.

ANGEL CARTGENA