

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L09000063154
FILED 8:00 AM
June 30, 2009
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:

INSURANCE CLAIMS CENTRAL FLORIDA LLC

Article II

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

1649 US HWY 27
SUITE B
CLERMONT, FL, . 34714

The mailing address of the Limited Liability Company is:

1649 US HWY 27
SUITE B
CLERMONT, FL, . 34714

Article III

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

INSURANCE CLAIMS PROCESSING AND ESTIMATION WORK

Article IV

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

KEVIN DELANEY
1649 US HWY 27
SUITE B
CLERMONT, FL. 34714

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: KEVIN DELANEY

Article V

The name and address of managing members/managers are:

Title: MGRM
KEVIN DELANEY ESTIM
1649 US HWY 27 SUITE B
CLERMONT, FL. 34714

Title: MGRM
ADRIANA JUNCOS PA
1649 US HWY 27 SUITE B
CLERMONT, FL. 34714

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Article VI

The effective date for this Limited Liability Company shall be:

07/04/2009

Signature of member or an authorized representative of a member

Signature: KEVIN DELANEY