Electronic Articles of Organization
For
Florida Limited Liability Company

L10000046297
FILED 8:00 AM
April 29, 2010
Sec. Of State
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Article I

The name of the Limited Liability Company is:

ALL CITY INSURANCE ADJUSTERS LLC

Article II

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

4197 NW 88 AVE.
SUNRISE, FL. US 33351

The mailing address of the Limited Liability Company is:

P.O. BOX 26116
TAMARAC, FL. 33320

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:

STANLEY FAY
8551 S.W. 26 PLACE
DAVIE, FL. 33328

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: STANLEY FAY

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Article V

The name and address of managing members/managers are:

Title: MGR
STANLEY FAY
8551 S.W. 26 PLACE
DAVIE, FL. 33328

Article VI

The effective date for this Limited Liability Company shall be:

05/01/2010

Signature of member or an authorized representative of a member

Signature: STANLEY FAY