Electronic Articles of Organization
For
Florida Limited Liability Company

L10000073670
FILED 8:00 AM
July 13, 2010
Sec. Of State
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Article I

The name of the Limited Liability Company is:

DISABILITY CLAIMS CLINIC, LLC

Article II

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

1804 SHERMAN ST.
HOLLYWOOD, FL. US 33020

The mailing address of the Limited Liability Company is:

4701 NE 7 AVE
FT. LAUDERDALE, FL. US 33334

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:

CINDY ORLINSKY
20051 NE 37 CT
AVENTURA, FL. 33180

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: CINDY ORLINSKY

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Article V

The name and address of managing members/managers are:

Title: MGRM
ORLINSKY CINDY
20051 NE 37 CT
AVENTURA, FL. 33180 US

Article VI

The effective date for this Limited Liability Company shall be:

07/13/2010

Signature of member or an authorized representative of a member

Signature: CINDY ORLINSKY