

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

L10000099098
FILED 8:00 AM
September 22, 2010
Sec. Of State
jsaulsberry

Article I

The name of the Limited Liability Company is:
MY LOSS CLAIM PAID LLC

Article II

The street address of the principal office of the Limited Liability Company is:
223 CYPRESS TRACE
ROYAL PALM BEACH, FL. 33411

The mailing address of the Limited Liability Company is:
223 CYPRESS TRACE
ROYAL PALM BEACH, FL. 33411

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:
KARL V HECHAVARRIA
223 CYPRESS TRACE
ROYAL PALM BEACH, FL. 33411

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: KARL V HECHAVARRIA

Article V

The name and address of managing members/managers are:

Title: MGRM
KARL V HECHAVARRIA
223 CYPRESS TRACE
ROYAL PALM BEACH, FL. 33411

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Article VI

The effective date for this Limited Liability Company shall be:

09/22/2010

Signature of member or an authorized representative of a member

Signature: KARL V HECHAVARRIA