

**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