Feb 21 13 04:59p



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000041328 3)))



H130000413283ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

FEB 2 2 2013

L. SELLERS

From:

Account Name

: SUPERBIZ.COM, INC.

Account Number : I20070000160

: (800)494-3124

Fax Number

: (561)453-9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FEB 21 PM 4: 83 CRETARY OF STATE LAHASSEE. FLORID

FLORIDA LIMITED LIABILITY CO.
CONSOLIDATED INSURANCE ADJUSTING & AUDIT
SERVICES LLC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

13 FEB 21 AH II: 53
SECRETARY OF STATE
ALL AHASSEF FLORID

EER 21 NH II-1

p.2

H13000041328 3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

CONSOLIDATED INSURANCE ADJUSTING & AUDIT SERVICES LLC

ARTICLE II ____ADDRESS

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

310 NW WESTOVER COURT PORT ST LUCIE, FLORIDA 34986

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

VINCENT CINCINELLI
310 NW WESTOVER COURT
PORT ST LUCIE, FLORIDA 34986

Having been named as registered agent 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 as provided for in Chapter 608, F.S.

VINCENT CINCINELLI / Registered Agent's signature

H13000041328 37

H13000041328 3

PAGE 2
CONSOLIDATED INSURANCE ADJUSTING & AUDIT SERVICES LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS

MANAGING MEMBER
VINCENT CINCINELLI
310 NW WESTOVER COURT
PORT ST LUCIE, FLORIDA 34986

MANAGING MEMBER
CIARA CINCINELLI
310 NW WESTOVER COURT
PORT ST LUCIE, FLORIDA 34986

MANAGING MEMBER
TRACEY CINCINELLI
310 NW WESTOVER COURT
PORT ST LUCIE, FLORIDA 34986

MANAGING MEMBER
TAYLOR NEWSOME
310 NW WESTOVER COURT
PORT ST LUCIE, FLORIDA 34986

MANAGING MEMBER
CHRISTOPHER LAYMON
310 NW WESTOVER COURT
PORT ST LUCIE, FLORIDA 34986

Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

VINCENT CINCINELLI