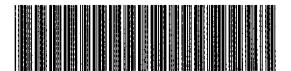
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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

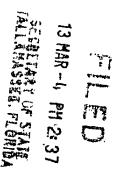
Office Use Only

MAR_6 2013 G. MCLEOD



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03/04/13--01051--022 **125.00



(850) 245-6051.

COVER LETTER

TO: **Registration Section**

Division of Corporations

Accident Funding USA LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Ple

Please return all corresp	condence concerning this matt	er to the following	ıg:	
Darren	Lastofsky			
	· -	Name of Person		
-		Firm/Company		
20521	Meeting Stree	et		
		Address	· · · · · · · · · · · · · · · · · · ·	
Boca R	aton, FL 3343	34		
		y/State and Zip Co	de	
dlastofs	ky@gmail.com			
	E-mail address: (to be used	for future annual re	port notification)	•
For further information	concerning this matter, please	call:		
Darren Las	stofsky	_ _{at} 561	573-04	411
Name	of Person		de & Daytime Telep	phone Number
Enclosed is a check f	or the following amount:			
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fill Certified Conditional condi	~	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompany is:	
Accident Funding USA LLC		
(Must end with the words "	"Limited Liability Company, "L.L.C.;" or "LLC.")	
ARTICLE II - Address:		
The mailing address and street addre	ess of the principal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
20521 Meeting Street	20521 Meeting Street	
Boca Raton, FL 33434	Boca Raton, FL 33434	
business entity with an active Florida registration. The name and the Florida street addresses Darren Lastofsky	•	13 MAR SEGBET
	Name	323
20521 Meeting Str	reet	their me
Flor	rida street address (P.O. Box NOT acceptable)	
Boca Raton	FL 33434	물길 &
	City, State, and Zip	\$
liability company at the place des registered agent and agree to act ir all statutes relating to the proper a	gent and to accept service of process for the signated in this certificate, I hereby accept to this capacity. I further agree to comply wand complete performance of my duties, and osition as registered agent as provided for i	the appointment as vith the provisions of d I am familiar with

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Darren Lastofsky 20521 Meeting Street
	Boca Raton, FL 33434
MGRM	Samantha Tucker
	10413 Lake Vista Circle
	Boca Raton, FL 33498

(Use attachment if necessary)	
LE V: Effective date, if other	than the date of filing: March 1, 2013 (OPTIONAL
ffective date is listed, the da	te must be specific and cannot be more than five busine

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. I am aware that any faise information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Darren Lastofsky

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)