

L13000126228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

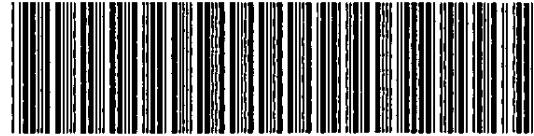
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/27/13--01012--004 **160.00

EFFECTIVE DATE 8/23/13

FILED
2013 AUG 27 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~W13 48010~~
OA 9/6

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Claims Consultancy LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Bill Short

Name of Person

Short Notice Adjusting LLC

Firm/Company

16765 FishHawk Blvd #340

Address

Lithia, FL 33547

City/State and Zip Code

bshortii@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Short

at (**813**) **300-5462**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

Intent to Dissolve Claims Consultancy LLC AGREEMENT

This document memorializes our intent to **dissolve a Florida Limited Liability Company**. (the "Dissolution Agreement") made and entered into this **23rd day of August, 2013** (the "Execution Date").

BETWEEN: JITENDRA R DESAI of 407 NW FOREST MEADOW AVE LAKE CITY, FL 32055
(“100% Interest Owner”)

INTENT:

- A. It is the intent of 100% of the owner Interests to dissolve the LLC, Claims Consultancy LLC.
- B. Jitendra R Dasai, MGR and 100% interest owner is executing this written request to dissolve the LLC.
- C. Jitendra R Dasai, MGR and 100% interest owner is hereby stating the on the record he will not ever revoke this request with The State of Florida.
- D. Jitendra R Dasai, MGR and 100% interest owner is granting permission to Short Notice Adjusting LLC to apply to The State of Florida to reestablish the existence of Claims Consultancy LLC and grant Short Notice Adjusting LLC all rights to the name Claims Consultancy LLC.

IT is further, understood; Short Notice Adjusting LLC as the new managing member will file for a new EIN once they reestablish Claims Consultancy LLC.

Jitendra R Dasai, MGR and 100% interest owner

Date

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Intent to Dissolve Claims Consultancy LLC AGREEMENT

This document memorializes our intent to dissolve a Florida Limited Liability Company (the "Company") made and entered into this 23rd day of August, 2013 (the "Agreement").

BETWEEN: HENDRA R. DESAI of 407 SW FOREST MEADOWS AVE, SUITE 101, DALLAS, TEXAS 75201 (the "Desai")

INTENT:

- A. It is the intent of 100% of the current interests to dissolve the LLC (the "Company").
- B. Hendra R. Desai, MGR and 100% interest owner is operating this company and is dissolved the LLC.
- C. Hendra R. Desai, MGR and 100% interest owner is hereby stating that on the record he will not own or operate this request with the State of Florida.
- D. Hendra R. Desai, MGR and 100% interest owner is granting permission to them to use Adjusting LLC to apply to The State of Florida to reestablish the existence of Claims Consultancy LLC and grant them Notice Adjusting LLC all rights to the name Claims Consultancy LLC.

It is further understood that Notice Adjusting LLC is the new company name and on the 1st of May 2013, they establish Claims Consultancy LLC.

Hendra R. Desai, MGR and 100% interest owner



08/23/13

Day

303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Claims Consultancy LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

15205 Merlinpark Place, Lithia, FL 33547

Mailing Address:

16765 FishHawk Blvd., #340, Lithia, FL 33547

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Bill Short

Name

15205 Merlinpark Place

Florida street address (P.O. Box **NOT** acceptable)

Lithia

FL

33547

City, State, and Zip

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 as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Short Notice Adjusting LLC

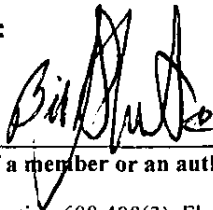
16765 FishHawk Blvd, #340,

Lithia, FL 33547

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08 / 23/ 2013 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Bill Short, MGRM; Short Notice Adjusting LLC

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)

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TALLAHASSEE, FLORIDA