

L14000049080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

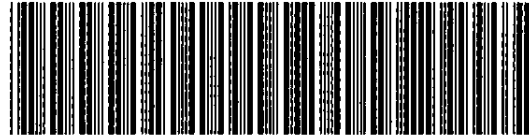
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/24/14--01020--004 **125.00

W14-12238

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14 MAR 24 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1000 MAR 25 2014

8

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROPERTY LOSS ASSESSORS 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:

CLARISSA DELGADO
Name of Person

PROPERTY LOSS ASSESSORS LLC
Firm/Company

990 BISCAYNE BLVD STE 501
Address

MIAMI FLORIDA 33132
City/State and Zip Code

PROPERTYLOSSASSESSORS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLARISSA DELGADO at (561) 203-6043
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" 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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2014

CLARISSA DELGADO
990 BISCAYNE BLVD STE 501
MIAMI, FL 33132

SUBJECT: PROPERTY LOSS ASSESSORS LLC
Ref. Number: W14000012238

We have received your document for PROPERTY LOSS ASSESSORS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 24, 2014. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 314A00004164



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2014

CLARISSA DELGADO
990 BISCAYNE BLVD STE 501
MIAMI, FL 33132

SUBJECT: PROPERTY LOSS ASSESSORS LLC
Ref. Number: W14000012238

We have received your document for PROPERTY LOSS ASSESSORS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 24, 2014. Please amend your document accordingly.

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Tim Burch
Regulatory Specialist II

Letter Number: 314A00004164

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Property Loss Assessors 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:

Mailing Address:

990 Biscayne Blvd. Ste 501
Miami, FL, 33132

990 Biscayne Blvd Ste 501
Miami, FL, 33132

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:

Monica P. Astbury Law P.A.
Name
990 Biscayne Blvd Ste 501
Florida street address (P.O. Box NOT acceptable)
Miami FL 33132
City Zip

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TALLAHASSEE, FLORIDA

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 605, F.S..

Erica Astbury Esq.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Name and Address:

Clarissa Delgado
990 Biscayne Blvd. Ste. 501
Miami, FL 33132

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Clarissa Goli Delgado

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Clarissa Goli Delgado

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)