Electronic Articles of Organization For Florida Limited Liability Company

L14000141409 FILED 8:00 AM September 10, 2014 Sec. Of State jshivers

Article I

The name of the Limited Liability Company is:
P-C-F INSURANCE CLAIM SPECIALIST, LLC

Article II

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

1242 HAWTHORNE AVE CEDAR KEY, FL. UN 32625

The mailing address of the Limited Liability Company is:

P O BOX 485 CEDAR KEY, FL. UN 32625

Article III

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

MICHAEL M SMITH 1242 HAWTHORNE AVE CEDAR KEY, FL. 32625

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: MICHAEL M SMITH

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR MICHAEL M SMITH 1242 HAWTHORNE AVE. CEDAR KEY, FL. 32625 UN

Title: AR SUSAN B SMITH 1242 HAWTHORNE AVE CEDAR KEY, FL. 32625 UN

Title: AR KARI S BASTOW 5471 NW 86 STREET CHIEFLAND, FL. 32626

Signature of member or an authorized representative

Electronic Signature: MICHAEL M SMITH

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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