

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (950) 617-6303

From:

Account Name : GREENBERG TRAURO - FORT LAUDERDALE
Account Number : 120040000196
Phone : (954) 765-0500
Fax Number : (954) 765-1477

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

Email Address: jill.carabotta@windhaveninsurance.com

FLORIDA LIMITED LIABILITY CO.
WINDHAVEN CLAIMS MANAGEMENT, LLC

Certificate of Status	1
Certified Copy	1
Page Count	1
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DEC 18 2014

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
WINDHAVEN CLAIMS MANAGEMENT, LLC
(A Florida Limited Liability Company)

ARTICLE I
NAME

The name of the Limited Liability Company is Windhaven Claims Management, LLC.

ARTICLE II
ADDRESS

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

8550 NW 33rd Street
Suite 400
Doral, FL 33122

ARTICLE III
DURATION

The period of duration for the limited liability company shall begin on the date of filing these Articles of Organization with the Florida Secretary of State and shall have a perpetual existence and duration, until terminated in accordance with applicable law.

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by its sole member and is, therefore, a member-managed company. The name and address of the sole member is:

Jimmy E. Whited, 8550 NW 33rd Street, Suite 400, Doral, FL 33122

ARTICLE V
INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Limited Liability Company's initial registered agent is:

Jill D. Carabotta
8550 NW 33rd Street
Suite 400
Doral, FL 33122

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TALLAHASSEE, FLORIDA

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To: Secretary of State Page 3 of 5

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization
this 17 day of December 2014.

AUTHORIZED REPRESENTATIVE:


Jimmy E. Whited
Sole Member

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF ACCEPTANCE BY
REGISTERED AGENT**

Pursuant to the provisions of the Florida Revised Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of WINDHAVEN CLAIMS MANAGEMENT, LLC, a Florida Limited Liability Company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

IN WITNESS WHEREOF, the undersigned has executed this Certificate this 16th day of December, 2014.

JILL D CARABOTTA

By: 

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TALLAHASSEE, FLORIDA