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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
THE INSURANCE CLAIMS FIRM, LLC**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANYARTICLE I NAME: The name of the Limited Liability Company is:*The Insurance Claims Firm, LLC*ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is:*3000 SW 128 Ave
MIAMI, FL. 33175*ARTICLE III INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:*JUAN J. Stefano
3000 SW 128 AVE MIAMI FL 33175*

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.,


Registered Agent's SignatureARTICLE IV MANAGER(S) OR MANAGING MEMBER(S): The name and address of each Manager or Managing member is as follows:*Juan J. Stefano
(AMBR)*17 FEB 14 PM 3:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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 §817.155, F.S.)


Signature of a member or an authorized representative of a member.*JUAN J. Stefano*

Typed or printed name of signee

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