

8/17/2018

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I2018000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
DDA Claims Management, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

2018 AUG 17 PM 2:06
LEGALINC CORPORATE SERVICES

FILED
18 AUG 17 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: DDA Claims Management, LLC

ARTICLE II – Address:

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

5335 N.W. 87th Avenue, C109, #381
Doral, FL 33178

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

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

Mark Bernstein
Name

2131 Hollywood Blvd., #508, Hollywood, FL 33020
Florida street address (P.O. Box NOT acceptable)

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TALLAHASSEE, FL 32399

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.

[Signature]
Registered Agent's Signature

ARTICLE IV – Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

The initial members are:

De Olazabal Insurance Adjusters, LLC
Managing Member
5335 N.W. 87th Avenue, C109, #381
Doral, FL 33178

Diego Insurance Adjusters, Corp
Managing Member
1151 S.W. 12th Street
Miami, FL 33129

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

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mark Bernstein
Typed or printed name of signer