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Division of Corporations

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Account Number : 1200000000019 Phone : (305)552-5973 Fax Number

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FLORIDA LIMITED LIABILITY CO. CENTURY ADJUSTING INTERNATIONAL, LLC

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Help

MUNULUSU	PORGANIZATION P	OR FLORIDA LIMITED LIABILI	ITY COMPANY
ARTICLE 1-	Name:		
The name of th	se Limited Liability Comp	oany is:	
	ting International, LLC		
(Must end with the	words "Limited Liability Compan	y, "Limited Company" or their abbreviation "LLC,"	or "L.C.,")
ARTICLE II			
The mailing ad	idress and street address o	If the principal office of the Limited Liz	sbility Company Is:
Principal Office Address:		Mailing Address:	
8100 South West 81 Drive, Suite 230		6100 South West 81 Drive, Sure 23	Ò
Namil, Florida 33143		Miami, Florida 33143	
			- ** 3
_		of the registered agent are: : c/o Lopez & Parlners, LLC	Signature:
		Nape	00 No.
	2600 Dauglas Road,	. Suite 811	·. ••
	florida s	treet address (P.O. Box NOT ecospiable)	
	Coral Gables	FL 33134 r, State, and Zip	
	City	, State, and Zip	
liability con registered ager statutes relati	npany at the place designant and agree to act in this air ing to the proper and compobligations of my position	and to accept service of process for the a sted in this certificate, I hereby accept the capacity. I further agree to comply with plete performance of my duties, and I an as revistared agent as provided for in C	e appointment as the provisions of ail n familiar with and

(CONTINUED)
Page Lof2

Title:		Name and Address;	
"MGR" = Max			
"MGRM" = N	fanaging Member		
MGRM		Deniel Masso	
		8100 South West 81 Drive, Suite 230	 -
		Mlami, FL 33143	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
			
			
	nt if necessary)		
(Use attachme			
(Use attachme			
•	• •	date of filing; 1/31/19(OPTIONAL)
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TLE V: Effective flective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with sec	r or an authorized representative of a member.	Sines days prior