L21000029800

	(Re	equestor's Name)	
	(Ac	ddress)	
	(Ac	ddress)	
	(Ci	ty/State/Zip/Phon	e #)
] PICK-UP	☐ WAIT	MAIL
_	(Bu	usiness Entity Nar	me)
		4.14	
	(Do	ocument Number))
Pertified C	opies	Certificate:	s of Status
Special li	nstructions to	Filing Officer:	 _

Office Use Only



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Incorporating Services, Ltd.

incserv^o

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

FROM

Melissa Stops mstops@incserv.com 850.656.7953

			i.
REQ	UEST	DATE	1/28/2021

PRIORITY Routine

OUR REF_#_(Order_ID#)] 887498

ORDER ENTITY

VA CLAIMS CONSULTANTS, LLC

PLEASE PERFORM	THE FOLLOWING S	ERVICES:
VA CLAIMS CONS	SULTANTS, LLC (FL	_)

Please file the attached and provide a certified copy.

NOTES:

\$155.00 Authorized

Email address for annual report reminders: jim@weinbergpc.com

RETURN/FORWARDING INSTRUCTIONS:

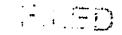
ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SECRETA " DE STATE TALLAM NESSE, EL

	VA CLAIMS	CONSULTANTS, LLC
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Principal Office Address:

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
10299 SOUTHERN BOULEVARD	10299 SOUTHERN BOULEVARD
UNIT 211376	UNIT 211376
ROYAL PALM BEACH, FL 33411	ROYAL PALM BEACH, FL 33411

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

RYAN TEEMS		
N	ame	
219 SARATOGA BOUL	EVARD E.	
Florida street address (P.	.O. Box <u>NOT</u> a	cceptable)
WEST PALM BEACH	FL	33411
City	State	Zip

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..

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	MARTIN CALAPRICE 4594 HUNTINGTON TRAIL LAKE WORTH, FL 33467	
AMBR	RYAN TEEMS 219 SARATOĞA BOULEVARD E. WEST PALM BEACH, FL 33411	
		2021 JAN 29
(Use attachment if necessary)		A 9 06
(If an effective date is listed, the date must be s the date of filing.)	the of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 de t meet the applicable statutory filing requirements, this date will not be not of State's records.	
REQUIRED SIGNATURE:	Laurence or Kisch	<u> </u>
I his document is exect any fall	nember or an authorized representative of a member. suted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.	
LAWRENCE A	A. KIRSCH Typed or printed name of signee	

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)