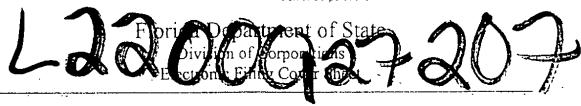
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : KATZ BASKIES & WOLF PLLC

Account Number : I20080000071 Phone : (561)910-5700

Fax Number : (561)910-5701

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

Email Address: thomas. Katz @ Katzbaskes. com

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## FLORIDA LIMITED LIABILITY CO.

#### **RK Claims Solutions LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

S. CHATHAM

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# H22000114248 3

From: Katz Baskies & Wolf PLLC

#### **COVER LETTER**

2022-03-29 12:31:01 GMT

	lew Filing Sec Division of Cor					
SUBJEC?		Solutions LLC				
GODGEC.	• •	Name (	of Limited Lizbi	lity Company	<u></u>	
The enclose	sed Articles of	Organization and fee	(s) are submitted	d for filing.		
Please ren	um all corres <b>p</b> o	ondence concerning th	nis matter to the	following:		
	Thomas O. K	Catz				
			Name o	f Person		
	Katz Baskies	& Wolf PLLC				
			Firm/C	ompany		
	3020 North I	Military Trail Suite 1	00			
	<u></u>		Add	ress		
	Boca Raton,	FL 33431				
	ah 1 (		City/State a	nd Zip Code		
		katzbaskies.com E-mail address: (to be	used for future	annual report notificati	ion)	
For further	information co	ncerning this matter,	please call:			
	Thomas O. K		561	910-5700		
	Nam	e of Person	Area Code	Daytime Telephon	e Number	
Enclosed	is a check for th	he following amount:				
≅\$125.0	0 Filing Fee	□\$130.00 Filing I Certificate of State	us Certii	55.00 Filing Fee & fied Copy nal copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	7
	New F Division P.O. B	iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Der The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	assec DA S	

Mailing Address:

H22000114248 3

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Page; 3 of 4

RK Claims Solutions LLC

(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:

1900 NW Corporate Blvd.	1900 NW Corporate Blvd.
Suite 400E	Suite 400E
Roce Peter FT 33431	Boca Raton, FL, 33431

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

Principal Office Address:

(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:

Katz Baskies & Wo	If PLLC	
	Name	
3020 North Military	Trail Suite 100	
	ss (P.O. Box <u>NOT</u> ac	cceptable)
Boca Raton	FL	33431
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..

Registered Agent's Signature (AEQUIRED)

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Page: 4 of 4

## H22000114248 3

	Name and Address:	•
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Gary Reshefsky 1900 NW Corporate Blvd, Suite 400E	
	Boca Raton, FL 33431	
		<del></del>
MGR	Jason Kaolan	
	1900 NW Corporate Blvd, Suite 400E	
	Boca Raton, FL 33431	<del></del>
(Use attachment if necessary)  CLE V: Effective date, if other than the confective date is listed, the date must be	date of filing: (OPTIONAle specific and cannot be more than five business days prior	L) to or 90 day
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