

L220000201231

Florida Department of State
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Division of Corporations
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From:
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Account Number : I20220000054
Phone : (786)571-4129
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**FLORIDA LIMITED LIABILITY CO.
LRC FAIR CLAIM ADJUSTER LLC**

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LRC FAIR CLAIM ADJUSTER LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS RAUL, CLAUDIO BORGES

Name of Person

LRC FAIR CLAIM ADJUSTER LLC

Firm/Company

3050 CASHMERE DRIVE

Address

ORLANDO, FL 32827

City/State and Zip Code

INFO@MODERNSOLUTIONSGROUP.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS RAUL, CLAUDIO B 407 729-1061

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LRC FAIR CLAIM ADJUSTER 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:

Principal Office Address:

Mailing Address:

3050 CASHMERE DRIVE
ORLANDO, FL 32827

3050 CASHMERE DRIVE
ORLANDO, FL 32827

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:

MARIA XIMENA MARTINEZ

Name

2424 W. BRANDON BLVD. #1282

Florida street address (P.O. Box **NOT** acceptable)

BRANDON

FL

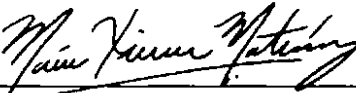
33511

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 (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

LUIS RAUL, CLAUDIO BORGES

3050 CASHMERE DRIVE

ORLANDO, FL 32827

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

The purpose of the Limited Liability Company is to engage in any lawful activity for which a Limited Liability Company may be organized in the state of Florida

REQUIRED SIGNATURE:

LUIS R CLAUDIO BORGES

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.

LUIS RAUL CLAUDIO BORGES

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)

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