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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 : A1A REGISTERED AGENT INC.
 Account Number : I28090000032
 Phone : (561)792-2236
 Fax Number : (561)202-8082

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

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CLERK OF
 SUPERIOR COURT
 TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
 OPTIMAL CLAIM SERVICES LLC**

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

FILED
 22 JUL 25 PM 12:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

76

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 605 and/or s. 605.0201, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

OPTIMAL CLAIM SERVICES LLC

ARTICLE II ADDRESS


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

10944 WITCHAVEN ST
JACKSONVILLE FL 32246**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411

Having been named as registered agent 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..

x 
Registered Agent's signature

22 JUL 25 07:50:35
STATE
TALLAHASSEE
FLORIDA

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OPTIMAL CLAIM SERVICES LLC

ARTICLE IV


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

Title:

AMBR: DAKOTA S. STEVENSON
10944 WITCHAVEN ST
JACKSONVILLE FL 32246

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.)

X 

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

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

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TALLAHASSEE, FLORIDA

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