

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L24000514315
FILED 8:00 AM
December 11, 2024
Sec. Of State
mkanderson**

Article I

The name of the Limited Liability Company is:

CLAIM CHECK CONSULTANTS PUBLIC ADJUSTERS #2 , LLC

Article II

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

2665 S. BAYSHORE DR
SUITE 220
COCONUT GROVE, FL. US 33133

The mailing address of the Limited Liability Company is:

2665 S. BAYSHORE DR
SUITE 220
COCONUT GROVE, FL. US 33133

Article III

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS

Article IV

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

HEIDY URRRA
2665 S. BAYSHORE DR
SUITE 220
COCONUT GROVE, FL. 33133

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.

Registered Agent Signature: HEIDY URRRA

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
HEIDY URRA
2665 S. BAYSHORE DR SUITE 220
COCONUT GROVE, FL. 33133 US

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Article VI

The effective date for this Limited Liability Company shall be:

12/05/2024

Signature of member or an authorized representative

Electronic Signature: HEIDY URRA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.