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Division of Corporations

**L25000033982**

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP  
Account Number : 120190000070  
Phone : (786)953-7449  
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2025 JAN 27 PM 2:57

**FLORIDA LIMITED LIABILITY CO.  
XPRESS CLAIM ADJUSTER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

### **Article I**

The name of the limited liability company is:  
**XPRESS CLAIM ADJUSTER LLC**

### **Article II**

The street address of the principal office of the Limited Liability Company is:  
**1695 NW 110<sup>TH</sup> AVENUE SUITE 311  
DORAL, FL. 33172**

The mailing address of the Limited Liability Company is:  
**1695 NW 110<sup>TH</sup> AVENUE SUITE 311  
DORAL, FL. 33172**

### **Article III**

Other provisions, if any:  
**ANY AND ALL LAWFUL BUSINESS.**

### **Article IV**

The name and Florida street address of the registered agent is:  
**LAURA VANESSA LEAL  
1695 NW 110<sup>TH</sup> AVENUE SUITE 311  
DORAL, FL. 33172**

Having been named as a registered agent and to accept service of process of 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: *Antonio Diaz*

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Article V

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

Title: AMBR  
AD CORPORATION  
251 LITTLE FALLS DRIVE  
WILMINGTON, DE. 19808

Signature: Antonio Diaz

Article VI

The effective date of this Limited Liability Company Shall be:

01/27/2025

Signature of member or an authorized representative:

Signature: Antonio Diaz

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state 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 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.

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