

L97000000885

TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: PRO CLAIM SERVICES LLC  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy. 300002262233--3  
-06/08/97--01128--001  
\*\*\*285.00 \*\*\*285.00

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit  
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

FROM: GAYLE PERRY  
Name (Printed or typed)

5959 GRANDVIEW DRIVE  
Address

MILTON, FLORIDA 32570  
City, State & Zip

(850) 623-3400  
Daytime Telephone number

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DIVISION OF CORPORATIONS  
97 AUG -8 AM 9:09

8-13-97  
WJS

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

*PRO CLAIM SERVICES, LLC*

**ARTICLE II - Address:**

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

*POST OFFICE BOX 873*

*5959 GRANDVIEW DRIVE*

*MILTON, FLORIDA 32572-0873*

*MILTON, FLORIDA 32570*

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be: *PERPETUAL*

**ARTICLE IV - Management:**

(check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

*GAYLE PERRY  
5959 GRANDVIEW DRIVE  
MILTON, FLORIDA 32570*

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The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

*N/A*

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

The undersigned member or authorized representative of a member of Pro  
CLAIM SERVICES, LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 10,000.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ = 0 =.  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 5,000.
- 5) the total amounts of 2, 3 and 4 is \$ 15,000.

Gayle Perry  
Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: PRO CLAIM SERVICES, LC

2. The name and address of the registered agent and office is:

GAYLE PERRY

(NAME)

5959 GRANDVIEW DRIVE

(P. O. Box NOT ACCEPTABLE)

MILTON, FLORIDA 32570

(CITY/STATE/ZIP)

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*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.*

Gayle Perry  
(SIGNATURE)

7 AUGUST 1997  
(DATE)

**Filing Fee: \$ 35 for Designation of Registered Agent**