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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 : BUSINESS ACCOUNTING PROFESSIONALS CORP
Account Number : I20190000020
Phone : (786)953-7449
Fax Number : (786)953-7450

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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FLORIDA LIMITED LIABILITY CO.
XPRESS CLAIM ADJUSTER LLC

Certificate of Status	0
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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 110TH AVENUE SUITE 311
DORAL, FL. 33172

The mailing address of the Limited Liability Company is:
1695 NW 110TH 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 110TH 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*

2025 JAN 27 AM 2:20

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 1st and May 1st in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.

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