

MO 90WV 01563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

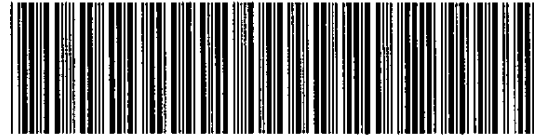
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
09 MAY - 8 PM 4:14  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 MAY - 8 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

MAY 11 2009

EXAMINER



UCC FILING & SEARCH SERVICES, INC.  
1574 Village Square Blvd Ste 100  
Tallahassee, Florida 32309  
(850) 681-6528

**HOLD**  
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OFFICE USE ONLY

May 8, 2009

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Fed USA Retail LLC

**Filing Evidence**

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☒ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include  
Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

FILED  
MAY -8 AM 9:45  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: Fed USA Retail LLC d/b/a Fed USA Retail of Illinois LLC
2. Jurisdiction of its organization: Illinois
3. Date authorized to do business in Florida: April 17, 2009

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? May 1, 2009
5. New name of the limited liability company: ATR Insurance Holdings LLC  
(must end with "Limited Liability Company," "LLC," or "LLC.")

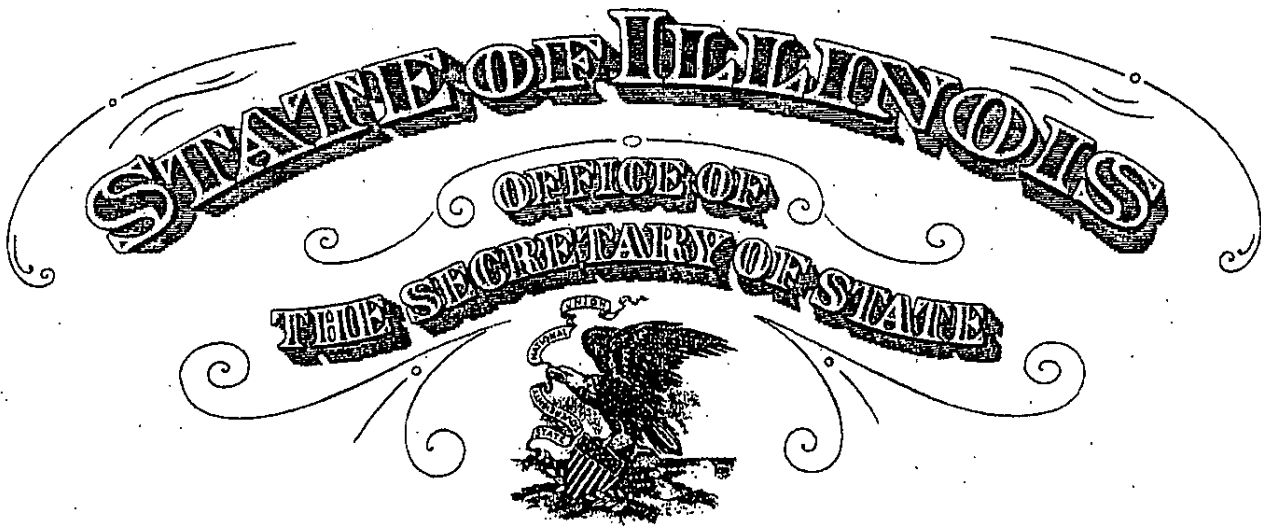
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "LLC," or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: \_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: \_\_\_\_\_
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of a member or the authorized representative of a member

Michael S. Roberts Attorney  
Typed or printed name of signee

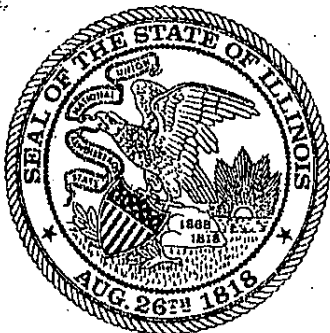
**Filing Fee: \$25.00**



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 2 PAGE(S),  
AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR ATR INSURANCE  
HOLDINGS LLC.




**In Testimony Whereof,** I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 8TH  
day of MAY A.D. 2009

*Jesse White*

Form **LLC-5.5**

April 2007

Secretary of State Jesse White  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 351  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

Pe  ck,  
ca LC0368210 ck,  
C. Secretary of State. ato

Illinois  
Limited Liability Company Act  
Articles of Organization

JE

**SUBMIT IN DUPLICATE**

Must be typewritten.

This space for use by Secretary of State.

Filing Fee: \$500

Approved:

FILE # 0279 424 1

This space for use by Secretary of State.

04/10/2009

Jesse White  
Secretary of State

1. Limited Liability Company Name: FED USA RETAIL LLC

The LLC name must contain the words Limited Liability Company, L.L.C. or LLC and cannot contain the terms Corporation, Corp., Incorporated, Inc., Ltd., Co., Limited Partnership or L.P.

2. Address of Principal Place of Business where records of the company will be kept: (P.O. Box alone or c/o is unacceptable.) 1658 Milwaukee Avenue, Chicago, IL 60647

3. Articles of Organization effective on: (check one)

☒ the filing date☐ a later date (not to exceed 60 days after the filing date): \_\_\_\_\_

Month, Day, Year

4. Registered Agent's Name and Registered Office Address:

Registered Agent: MichaelS.Roberts

First Name

Middle Initial

Last Name

Registered Office: 55W. Monroe Street1700

(P.O. Box alone or

Number

Street

Suite #

c/o is unacceptable.)

Chicago60603Cook

City

ZIP Code

County

5. Purpose(s) for which the Limited Liability Company is organized: (If more space is needed, attach additional sheets of this size.)

"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."

6. Latest date, if any, upon which the company is to dissolve: \_\_\_\_\_

(Leave blank if duration is perpetual.)

Month, Day, Year

F.M.

LLC-5.5

7. (OPTIONAL) Other provisions for the regulation of the internal affairs of the Company: (If more space is needed, attach additional sheets of this size.)

8. The Limited Liability Company: (Check either a or b below.)

a. ☒ is managed by the manager(s) (List names and business addresses.)

Alan T. Rasof, 1658 Milwaukee Avenue, Chicago, IL 60647

b. ☐ has management vested in the member(s) (List names and addresses.)

9. Name and Address of Organizer(s)

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated April 10, 2009  
Month & Day Year

1. Margaret C. Kamp  
Signature

Margaret Kampton, Organizer

Name (type or print)

Name if a Corporation or other Entity, and Title of Signer

1. 55 W. MONROE ST., STE 1700

Number

Street

Chicago, IL 60603

City/Town

IL

State

60603

ZIP Code

2.

Signature

2.

Number

Street

Name (type or print)

City/Town

Name if a Corporation or other Entity, and Title of Signer

State

ZIP Code

Signatures must be in black ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.