

L010000010950

**ECAC**

Export Credit Assurance Company, Ltd.  
1052 Montgomery Road, Suite 131  
Altamonte Springs, FL 32714

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. EXPORT CREDIT ASSURANCE COMPANY LLC  
(Corporation Name) (Document #)

2. L01-10950  
(Corporation Name) (Document #)

200004450522--8  
-06/28/01--01108--003  
\*\*\*\*125.00 \*\*\*\*125.00

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

STATE OF FLORIDA  
TALLAHASSEE

01 JUN 28 PM 12:37

FILED

WLT/b

Examiner's Initials

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Export Credit Assurance Company, Limited Liability Company

## ARTICLE II - Address:

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

1052 Montgomery Road, Suite 131  
Altamonte Springs, FL 32714

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Terrence J. Moons  
1052 Montgomery Road, Suite 131  
Altamonte Springs, FL 32714

*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 as provided for in Chapter 608, F.S..*

\_\_\_\_\_  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

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

Terrence J. Moons

\_\_\_\_\_  
Typed or printed name of signee.

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

FILED  
01 JUN 28 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA