Auto Repair Estimate Advisors

MJH

February 12, 2002

200789-00623-0047/

W02-6163

Registration Section
Division of Corporations
State of Florida

Dear Sir or Madam:

000004947800----02/18/02--01046--012 ****155.00 ****155.00

Enclosed is an application (Articles of Organization) for a Limited Liability Corporation in the name of Auto Repair Estimate Advisors. I appreciate your prompt attention in this matter.

Sincerely,

Anthony Mc-Hale

Executive Vice President

02 MAR -5 PM 3: 2: SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 21, 2002

ANTHONY MCHALE AUTO REPAIR ESTIMATE ADVISORS 507 FLAGLER BOULEVARD LAKE PARK, FL 33403

SUBJECT: AUTO REPAIR ESTIMATE ADVISORS, LLC

Ref. Number: W02000005153

We have received your document for AUTO REPAIR ESTIMATE ADVISORS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 802A00010816

Michelle Hodges Document Specialist

ARTICLEŞ OF ORÇANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIĆLE I - Name:

The name of the Limited Liability Company is:

AUTO REPAIR ESTIMATE ADVISORS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 507 FLAGLER BOULEVARD, LAKE PARK FL 3340

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

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

ANTHONY Mc HALE

Name

507 FLAGLER BOVLEVARD

Florida street address (P.O. Box NOT acceptable)

LAKE PARK FL 33403

City, State, and Zip

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.

Chithony McHale
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 i 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 arc true.)

ANTHONY MCHALE

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)

2 MAR -5 PM 3: 2

FILED