

LO3000006933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

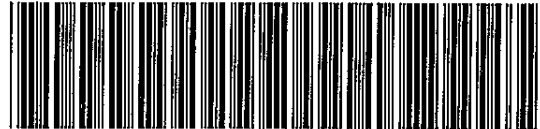
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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LO3-6933  
OK

***FRAN R. BARRETT, P.A.***

***Attorney At Law***

4300 N. University Drive · Suite C-102  
Lauderhill, Florida 33351  
Telephone (954) 748-4800 · Fax (954) 572-4225  
E-mail address- FranBarrett@prodigy.net

February 21<sup>st</sup>, 2003

Florida Department of State  
Corporate Records Bureau  
P.O. Box 6327  
Tallahassee, Florida 32314  
Att: LLC Filing

Re: ACE MITIGATION AND INVESTMENTS LLC

Dear Staff:

Enclosed please find Articles of Organization for Florida Limited Liability Company for the above named and a check for \$125.00. Please file these and send back the filed documents.

Very truly yours,



Fran R. Barrett

03 FEB 25 11 18:59  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ACE MITIGATION AND INVESTMENTS, L.L.C.

### ARTICLE II - Address:

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

11373 SW 211 ST. SUITE # 8, MIAMI, FLORIDA 33189

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

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

FRAN R. BARRETT, PA

Name

4300 NORTH UNIVERSITY DR. SUITE C-102

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

LAUDERHILL

FL 33351

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.*

Registered Agent's Signature

(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.)

W. BILL WILLIAMS- CEO

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)

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STATE  
CLERK  
TALLAHASSEE, FLORIDA

13 FEB 25 PM 8:59

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