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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

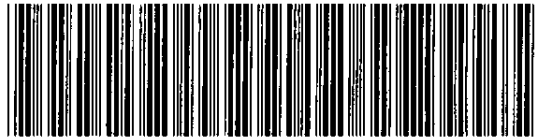
(Business Entity Name)

(Document Number)

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

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Office Use Only



700138715237

12/15/08--01030--010 \*\*160.00

Effective Date

12/9/08

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 DEC 15 PM 3:26

T. HAMPTON

JAN - 5 2009

EXAMINER

82955-80M

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ADVANCE PAIN RELIEF LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ALESSANDRO CESARIA**

(Name of Person)

**ALLIED AMERICAN WARRANTY LLC**

(Firm/Company)

**80 Southwest 8 St Suite 1920,**

(Address)

**Miami, FL 33130**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Carlos Lopez** at **305** **965 0333**  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Allied American Warranty**  
**1-888-690 4926**



Attention to:  
Registration Department  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

**November 21,2008**

Dear Customer Service,

This is an application to register our company as an LLC doing business in Florida and nationwide as:

**ADVANCE PAIN RELIEF LLC**

Address:  
2050 NE 163 street,  
North Miami Beach, FL 33162  
(305)965-0333

Warmest Regards,

Administrative Department  
ALLIED AMERICAN WARRANTY LLC  
80 SW 8<sup>th</sup> street  
Suite 1920  
Miami, FL 33130  
(305)810-2851



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 DEC 31 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 16, 2008

ALESSANDRO CESARIA  
ALLIED AMERICAN WARRANTY LLC  
80 SW 8 ST - STE 1920  
MIAMI, FL 33130

SUBJECT: ADVANCE PAIN RELIEF LLC  
Ref. Number: W08000055678

We have received your document for ADVANCE PAIN RELIEF LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 808A00060532

Effective Date

12/9/88

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**ADVANCE PAIN RELIEF LLC**

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

ALLESSANDRO CESARIA

**Mailing Address:**

80 Southwest 8 St Suite 1920,  
Miami, FL 33130

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**ALESSANDRO CESARIA**

Name

**80 Southwest 8 St Suite 1920, Miami, FL 33130**

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

**Miami, FL 33130**

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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08 DEC 15 PM 3:26

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

ALESSANDRO CESARIA - MGR

ALESSANDRO CESARIA  
80 Southwest 8 St Suite 1920,  
Miami, FL 33130

QUANTUM ENTERPRISES GROUP LLC - MGR

1000 PONCE DE LEON  
CORAL GABLES FL 33134

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12-9-2008. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

**MANAGER**

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

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)