Division of Corporations
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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368 O9 APR 20 AM IO: 11
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

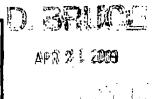
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EGINSSE, RORIDA

## Ally Service Agreement LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



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Corporate Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ally Service Agreement LLC		<del></del> .
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LUC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	
300 Galleria Officentre	300 Galleria Officentre	
Suite 200	Suite 200	
Southfield, MI 48034	Southfield, MI 48034	
	S of the registered agent are:  Corporation System  Name  South Pine Island Road	PAPR 20 AM 10: 1
Florid	a street address (P.O. Box NOT acceptable)	DE -
	Plantation FT 33324 ity, State, and Zip	
liability company at the place designegistered agent and agree to act in this statutes relating to the proper and conaccept the obligations of my position.	nt and to accept service of process for the about the interest in this certificate, I hereby accept the also capacity. I further agree to comply with the implete performance of my duties, and I am fain as registered agent as provided for in Chap T Corporation System  Lauren Kr Special Assorts Signature (MEQUIRED)	ppointment as provistors of all miliar with and ster 608, F.S

(CONTINUED)
Page 1 of 2

## 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 MGRM GMAC Insurance Holdings, Inc. 300 Galleria Officentre Southfield, MI 48034 (Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_ (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.)

C. L. Quenneville, Secretary

Typed or printed name of signee

Flling 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)

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