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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: ASSURED AUTO, 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:						
Michael W. Ullman, Esq.						
		Name of Person				
Ullman & Ullr	nan, P.A.					
<u> </u>		Firm/Company				
150 East Palmetto Park Road, Suite 650						
		Address				
Boca Raton, I	Florida 33432					
	Cit	ty/State and Zip Code				
jb1atkins@gn		for future annual report notification)				
For further information	concerning this matter, please	•				
	concerning this matter, prease	o cuin.				
Michael W. Ullman	CD.	at (561) 338-3535				
Name	of Person	Area Code & Daytime Telephone Number				
Enclosed is a check for	or the following amount:					
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) 2 \$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				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	::	
ASSURED AUTO, LLC		
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
106 Commerce Road	106 Commerce Road	
Boynton Beach, FL 33426	Boynton Beach, FL 33426	
(The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.) The name and the Florida street address of the Michael W. Ullman	-	idividual or another
Name	3	
150 E. Palmetto Park Ro Florida street ad	oad, Suite 650 ddress (P.O. Box <u>NOT</u> acceptable)	
Boca Raton	FL 33432	
City, S	tate, and Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and complete paccept the obligations of my position as reg	this certificate, I hereby acceptive. I further agree to comply werformance of my duties, and a sistered agent as provided for interesting the control of th	ot the appointment as vith the provisions of all I am familiar with and
•	INUED)	SSET S
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:

<u>Title:</u> "MGR" = M: "MGRM" =	anager Managing Member	Name and Address:			
MGRM		DAWN M. ATKINS 10579 ARCOLE COURT			
MGRM		YOLANDA V. SALAT 10560 ARCOLE COURT WELLINGTON, FLORIDA 33449			
ARTICLE V: Effect	is listed, the date must b	e date of filing: be specific and cannot be more than five b	(OPTIO		
·	SIGNATURE:	M. atk			
	(In accordance with se	er or an authorized representative of a member ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury trein are true.)			
Filing	·	DAWN M. ATKINS yped or printed name of signee	SECRETAR TALLAHAS	10 APR 15	

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

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2