

L11000092772

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DIVISION OF CORPORATIONS  
11 AUG 11 PM 1:48

T. HAMPTON

AUG 6 2011

EXAMINER

L2504-110

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAKE 'EM PAY PUBLIC INSURANCE ADJUSTMENT, 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:

Elliot L. Bressloer

Name of Person

MAKE 'EM PAY PUBLIC INSURANCE ADJUSTMENT, LLC.

Firm/Company

6278 N. Federal Hwy., #501

Address

Ft. Lauderdale, FL 33308

City/State and Zip Code

Law\_office\_of\_elliot\_bressloer@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elliot L. Bressloer

Name of Person

at ( 954 ) 696-4377

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 AUG 11 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 2, 2011

ELLIOT L BRESSLOER  
6278 N FEDERAL HWY  
# 501  
FT LAUDERDALE, FL 33308

SUBJECT: MAKE 'EM PAY PUBLIC INSURANCE ADJUSTMENT, LLC  
Ref. Number: W11000040527

We have received your document for MAKE 'EM PAY PUBLIC INSURANCE ADJUSTMENT, LLC and your check(s) totaling \$125.00. 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.

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: 311A00018211

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**MAKE 'EM PAY PUBLIC INSURANCE ADJUSTMENT, 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:

6278 N. Federal Hwy.  
#501  
Ft. Lauderdale, FL 33308

#### Mailing Address:

6278 N. Federal Hwy.  
#501  
Ft. Lauderdale, FL 33308

### 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:

Elliot L. Bressloer

Name

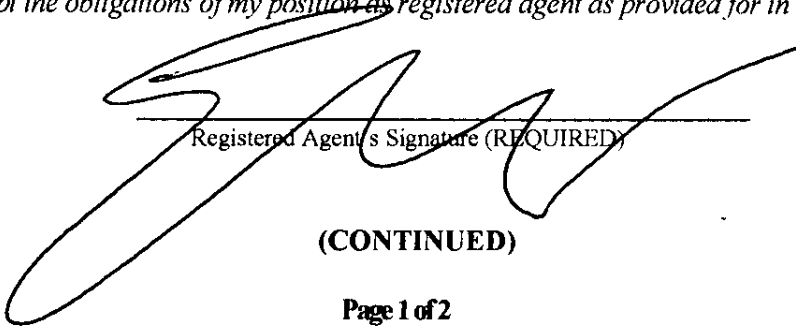
6278 N. Federal Hwy., #501

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

Ft. Lauderdale, FL 33308

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)

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DIVISION OF CORPORATIONS  
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**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:**

MGRM

Elliot L. Bressloer

6278 N. Federal Hwy., #501

Ft. Lauderdale, FL 33308

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

\_\_\_\_\_  
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)