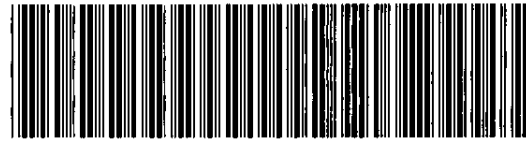


L11000097638



500211092075

08/24/11--01013--006 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILED
11 AUG 24 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 25 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: United Secure Refunds
Name of Limited Liability Company

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

Please refer all correspondence concerning this matter to the following:

~~GILLIAM~~ GILLIAM ELLIOTT
Name of Person

United Secure Refunds
Firm/Company

630 S. Sapodilla Ave
Address

West Palm Beach, FL, 33401
City/State and Zip Code

elliottg34@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gilliam Elliott at (979) 2166132
Name of Person Area Code & Daytime Telephone Number

Enclose 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

11 JUL 24 AM 8:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

United Secure Refunds, 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:

Mailing Address:

630 S. Sapodilla Ave.
West Palm Beach, FL 33401

630 S. Sapodilla Ave.
West Palm Beach, FL 33401

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.)

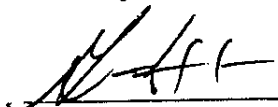
The name and the Florida street address of the registered agent are:

Gilliam Elliott
Name

630 S. Sapodilla Ave.
Florida street address (P.O. Box **NOT** acceptable)
West Palm Beach FL 33401
City, State, and Zip

FILED
11 AUG 24 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

MGR

Gilliam Elliott

630 S. Sapodilla Ave.


West Palm Beach, FL 33401

(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.)

Gilliam Elliot

Typed or printed name of signee

SECRETARY OF STATE
FALLAH AHMED
FLORIDA
11 AUG 24 AM 10:56
FILED

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)