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Florida Department of State
Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Ford Motor Vehicle Assurance Company, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

2714

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TALLAHASSEE, FLORIDA

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Ford QDC Corporation 1 313 248 1958 17.34

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.03, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Ford Motor Vehicle Assurances Company, LLC
(Name of Foreign Limited Liability Company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 34-3419908
(FEI number, if applicable)
4. 12/22/05
(Date of Organization)
5. Perpetual
(Duration: Your limited liability company will cease to exist on "perpetual")
6. Upon Qualification
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.01 & 605.02 F.S. to determine penalty liability)
7. One American Road, Dearborn, MI 48126
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:
SEE ATTACHMENT
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
11. Nature of business or purposes to be conducted or promoted in Florida: _____

See Attachment

[Signature]
Signature of a member or an authorized representative of a member.
(In accordance with section 605.04(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Peter J. Shaw, Jr.
Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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ATTACHMENT TO QUALIFICATION/REGISTRATION FORM
FORD MOTOR VEHICLE ASSURANCE COMPANY, LLC

Ford Motor Company is the sole Member. Ford Motor Company's address is:

One American Road
Dearborn, MI 48126

The following persons are Managers:

Paul C. Barry
18800 Executive Plaza Drive
Dearborn, MI 48126

Bob Knecht
16800 Executive Plaza Drive
Dearborn, MI 48128

George W. Linker
One American Road
Dearborn, MI 48126

Donna M. Inch
18800 Executive Plaza Drive
Dearborn, MI 48126

Peter J. Sherry, Jr.
One American Road
Dearborn, MI 48126

Craig L. Sigworth
One American Road
Dearborn, MI 48126

Ford Motor Vehicle Assurance Company, LLC does not have any officers at this time.

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TALLAHASSEE, FLORIDA

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Attachment

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Attachment to Florida

Nature of the LLC's Business

warranty analysis, process warranty claims, assist in identifying and monitoring warrant cost reductions

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Ford Motor Vehicle Assurance Company, LLC

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

CT Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

City/State/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, Florida Statutes.

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By:

Claudia L. Saari

(Signature)

Claudia L. Saari
Asst. Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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TALLAHASSEE, FLORIDA

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FORD MOTOR VEHICLE ASSURANCE COMPANY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

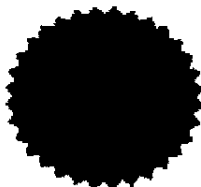
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TALLAHASSEE, FLORIDA

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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 4404631

DATE: 12-27-05