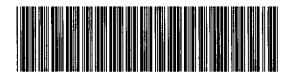
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April 20, 2015

CHRISTINA GIBSON PO BOX 961 OFALLON, IL 62269

SUBJECT: ASSURED AUTO REPAIRS, LLC

Ref. Number: W15000027578

We have received your document for ASSURED AUTO REPAIRS, 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 name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 915A00007883

COVER LETTER

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TO:

UBJECT:	Assured Auto Repai	· · · · · · · · · · · · · · · · · · ·		
	Nam	e of Limited Liability Company		
			o Transact Business in Florida," Cability company to transact busines	
lease return all c	correspondence concerning this ma	atter to the following:		
	С	hristina Gibson		
•		Name of Person		
	Assure	ed Auto Repairs	, LLC	
•		Firm/Company		
		PO Box 961		
		Address		
		Fallon IL 62269		
		City/State and Zip Code		
	مره و ما اده و			
_	_	@marathongrou	-	
		•	iomeunony	
or further inforn	nation concerning this matter, plea	se call:		
	Christina Gibson	at (800)	2058988	
	Name of Contact Person	Area Code	Daytime Telephone Number	
	NG ADDRESS:	STREET ADDRESS:		
	ion of Corporations Division of Corporations tration Section Registration Section			
	Box 6327 Clifton Building			
i ananas	see, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

· — <u>(1</u>	Assured Auto Repairs, L		ed Liability Company," "L.L.C.," o	or "LLC.")	
If name unavai	lable, enter alternate name adopted for the purpo any," "L.L.C," or "LLC.")	ose of transacting	ousiness in Florida. The alternate n	ame must include "	 Limited
	Delaware		NIA		
Jurisdiction company is	under the law of which foreign limited liability	3	(FEI number, if applic	able)	
		N/A			
	(Date first transacted busi (See sections 605.0904 & 60	ness in Florida, if 5.0905, F.S. to de	prior to registration.) termine penalty liability)		
	4632 S St Peters P	arkwav St	Peters MO 63304		
					
	(Street	Address of Princip	al Office)	- F. S. S.	ins.
					a Alamania.
	4632 S St Peters F	raikway Si	Peters WIO 63304	- SS - 1	Par Ledel
					A Thomas
		(Mailing Address)	元 円 り co	E I
	ne, title or capacity and address of the n Velasco Member 4632 S \$			مس ر	_
ving custo	is an original certificate of existence ody of records in the jurisdiction und if the certificate is in a foreign languatited)	er the law of	which it is organized. (A p	hotocopy is no	t
	John 1	Desco			
accordance wit aware that any	Signature h section 605.0203, F.S., the execution of this docum- false information submitted in a document to the Dep	ent constitutes an afternment of State con	irmation under the penalties of perjury	that the facts stated hed for in s.817.155, F.:	erein are 1 S.)
	Jo	hn Vela	sco		
		rinted name o			

GERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Assured Auto Repairs, Li	LC
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and	office are:
National Corporate Research,	Ltd., Inc.
(Name)	→ (r)
155 Office Plaza Drive	15 JUL 1
Florida Street Address (P.O. Box NOT ACCEPTAB	LE)
Tallahassee 323	
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 605, Florida Statutes.

Authory & Tracky VP of WCK (Signature)

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ASSURED AUTO REPAIRS, 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASSURED AUTO REPAIRS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JANUARY,

A.D. 2015.

15 JUL 11 AH 8: 11.
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

5680597 8300

150197518

AUTHENTY CATION: 2122402

DATE: 02-16-15

You may verify this certificate online at corp.delaware.gov/authver.shtml