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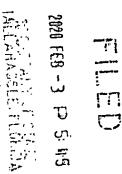
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Special Instructions to Filing Officer:						





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COVER LETTER

Registration Section Division of Corporations

TO:

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		Name of	Limited Liability (Jompany	
				ntion to Transact Business in Florida." ted liability company to transact busin	
return all	correspondence cond	cerning this matter to the	following:		
	Bradley W. Butche	er, Esq.			
		N	lame of Person		
	Butcher & Associa	ates, PL			
	Firm/Company				
	6830 Porto Fino Circle, Suite 2				
			Address		
	Fort Myers, FL 33	3912			
		City/S	State and Zip Code		
	assuredrei@gmail.co	om			
	Е	-mail address: (to be use	d for future annual	report notification)	
ther info	mation concerning th	nis matter, please call:			
Bradle	y W. Butcher		239 at (322-1651	
	Name of C	Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301		
	ed is a check for the f make check pavable t	following amount: to: FLORIDA DEPAR	TMENT OF STA	ТЕ	

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

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

1. Assured Real Estate In (Name of Foreign	Limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.	.," or "LLC.")
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must melu-	de "Limited Liability Company," "L.L.C," or "LLC,"
New York		47-4453979	
2. (Jurisdiction under the law of w	nich foreign limited liability company is organized)	3	(FEI number, if applicable)
4	(Date first transacted business in Florida of paper to	A Paristratura I	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	ine penalty liability)	
411 Walnut St.		PO Box 235	
5. (Street Address of Principal Office)		6	(Mailing Address)
PMB15486		Syosset, NY 117	791
Green Cove Springs. F	L 32043		29
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	720 FS3 -3
Name:	Butcher & Associates, PL		T ITI
Office Address:	6830 Porto Fino Circle, Suite 2		5. E.S.
	Fort Myers	, Florida _	33912
	(City)	,	(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Dennis Browner Manager Manager Manager Name: PO Box 235 Member Address: Address: ____ ☐ Member Syosset, NY 11791 Authorized Authorized Person Person Other Other____ Other Other Manager Name: ■ Manager Name: ____ Member Address: Member Address: Authorized Authorized Person Person Other_ Other____ Other Other Manager Name: Manager Address: _____ Member Address: Authorized Authorized Person Person Other Other__ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. 1-30-20 Dennis Browner Typed or printed name of smace

State of New York Department of State } ss:

I hereby certify, that ASSURED REAL ESTATE INVESTORS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/01/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 04th day of December two thousand and nineteen.

Braden C Hylen

Brendan C Hughes
Executive Deputy Secretary of State