Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is:			
	Assured Auto Repairs, LLC			
	This company has been duly organized in its state of formation as	s a low-profit limited liability compa	ny. (Check box	if applicable)
2.	The name, if different, under which it proposes to register	and transact business in Rh	ode Island is	3:
3.	The limited liability company is organized under the laws or	of Delaware		
4.	The date of its organization is 1/23/2015			
5.	The period of duration of the limited liability company is (if	perpetual, so state) perpet	ual	
6.				
	222 Jefferson Boulevard	Warwick	, RI	02888
	(Street Address, <u>not</u> P.O. Box)	(City/Town)	 -	(Zlp Code)
	and the name of the resident agent at such address is	National Corpora (Name of A	te Resear Agent)	ch, Ltd.
7.	The secretary of state is appointed the agent of the foreitime there is no resident agent or if the resident agent can diligence.			
8.	The address of any office required to be maintained in limited liability company is organized is:	the state or other jurisdiction	on under the	a laws of which the
	4632 S St Peters Parkway St Peters MO 63304			
9.	The mailing address for the limited liability company is:			.
	PO Box 961 O Fallon IL 62269			
		FILE	D ~~_	
-	man No. 450	MAY 14	2015 8	1,50
	m No. 450 vised: 07/12	1	4 m 4 m 3	

BY A 248900

	Management of the Limited Liability Company (check <u>one</u> only): A. The limited liability company is to be managed by its members. (If you have checked this box, go to item No. 11 – DO <u>NOT</u> LIST ANY NAMES IN SECTION B.)			
A.				
		<u>or</u>		
В.	B. The limited liability company is to be managed very by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)			
	<u>Manager</u>	<u>Address</u>		
Jo	hn Velasco 463	32 S St Peters Parkway St Peters MO 63304		
au	thorized officer of the jurisdiction under whice date this Application for Registration is to b	e of good standing duly authenticated by the secretary of state or other the foreign limited liability company was organized. Decome effective, if later than the date of filing, is:		
au	thorized officer of the jurisdiction under whice date this Application for Registration is to b	th the foreign limited liability company was organized.		
au	thorized officer of the jurisdiction under whice date this Application for Registration is to be (not prior to, nor more than 30 day) Und App	the foreign limited liability company was organized. Decome effective, if later than the date of filing, is: The after, the filing of this Application for Registration)		
au	thorized officer of the jurisdiction under whice date this Application for Registration is to be (not prior to, nor more than 30 day) Und App and	the the foreign limited liability company was organized. Decome effective, if later than the date of filing, is: It is after, the filing of this Application for Registration) Output Description:		

Delaware

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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 SECOND DAY OF APRIL, A.D. 2015.

1015 MAY IL AM 8: 50

5680597 8300

150450022

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2259433

DATE: 04-02-15

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

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

