

L 18 UUD 118630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

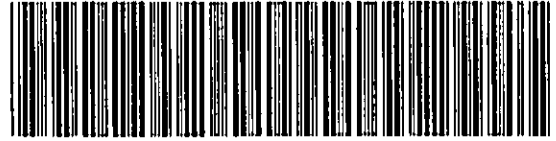
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Special Instructions to Filing Officer:

Office Use Only

MAY 15 2018

T. SCOTT



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05/09/18--01009--014 \*\*160.00

2018 MAY -9 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Automated Quality LLC  
\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Bobby Nibhanupudy  
\_\_\_\_\_  
Name of Person  
  
Automated Quality LLC  
\_\_\_\_\_  
Firm/Company  
  
4300 W. Lake Mary Blvd. Ste 1010-187  
\_\_\_\_\_  
Address  
  
Lake Mary, FL 32746-2012  
\_\_\_\_\_  
City/State and Zip Code  
  
pudyng@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bobby Nibhanupudy                      407                      2346974  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a 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**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Automated Quality LLC

(Must contain 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:

4300 W. Lake Mary Blvd. Ste 1010-187  
Lake Mary, FL 32746-2012

Mailing Address:

4300 W. Lake Mary Blvd. Ste 1010-187  
Lake Mary, FL 32746-2012

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:

Bobby Nibhanupudy

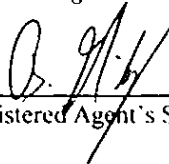
Name

4300 W. Lake Mary Blvd. Ste 1010-187

Florida street address (P.O. Box NOT acceptable)

Lake Mary	FL	32746-2012
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, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager  
AMBR

**Name and Address:**

John Files  
11874 Fan Tail Lane  
Orlando, FL 32827

AMBR

Christopher Barone  
614 Timberwilde Ct  
Winter Springs, FL 32708

AMBR

Bobby Nibhanupudy  
512 Ballantrae Ct  
Lake Mary, FL 32746

AMBR

Michael Angelis  
4036 Bermuda Grive Place  
Longwood, FL 32779

(Use attachment if necessary) See attachment for add'l members

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

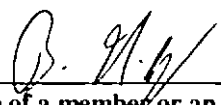
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

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.

Bobby Nibhanupudy

\_\_\_\_\_  
Typed or printed name of signee

**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)

Title (Add'l):

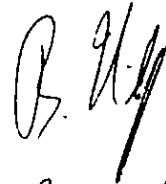
AMBR

AMBR

Name and Address:

Lawrence Thomas Chin  
1825 Redwood Grove Terrace  
Lake Mary, FL. 32746

Giridhar Vedula  
1475 Magnolia Ave  
Winter Park, FL. 32789



Bobby NIBHANURUDY