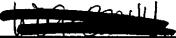
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Office Use Only



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COVER LETTER

TO: Registration Division of	n Section Corporations	
SUBJECT:	Ques	t Publications LLC
GODGEOTT	Name of Limit	ed Liability Company
The enclosed Article	s of Organization and fee(s) are	submitted for filing.
Please return all corre	espondence concerning this matt	er to the following:
	Georg	ge C. Edwards, III
		Name of Person
	Ques	Publications LLC
		Firm/Company
	2527	NW 66 Terrace
		Address
	Gain	esville, FL 32606
		y/State and Zip Code
	betty	/ut@bellsouth.net for future annual report notification)
For further informati	on concerning this matter, pleas	•
	, , , , , , , , , , , , , , , , , , ,	
	e C. Edwards, III	at (352) 376-5501
Na	me of Person	Area Code & Daytime Telephone Number
Enclosed is a check	k for the following amount:	
\$125.00 Filing Fe	e \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 21, 2009

GEORGE C. EDWARDS III 2527 NW 66 TERRACE GAINESVILLE, FL 32606

SUBJECT: QUEST PUBLICATIONS

Ref. Number: W09000033244

We have received your document for QUEST PUBLICATIONS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return 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) 245-6967.

Letter Number: 109A00025013

Leslie Sellers Regulatory Specialist II

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	nany is:
The name of the Emilion Emoliny Comp	puny 10.
Quest Pu	ublications LLC
	ited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2527 NW 66 Terrace	2527 NW 66 Terrace
Gainesville, FL 32606	Gainesville, FL 32606
	1
The name and the Florida street address Georg	ge C. Edwards, III Name
2527	NW 66 Terrace
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Gainesville 32	
. City	y, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position.	t and to accept service of process for the above stated limited tated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S The work of the above stated limited and the appointment as a capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

graine GR Betty 2527 Gaine Se attachment if necessary) EV: Effective date, if other than the date of filing attachment is listed, the date must be specific attachment that date of filing.) EQUIRED SIGNATURE: Signature of a member or an author of this document constitutes an affir that the facts stated herein are true.) George C. I	and Address:
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Signature of a member or an author (In accordance with section 608.408 of this document constitutes an affir that the facts stated herein are true.) George C. I	+cot."
of this document constitutes an affir that the facts stated herein are true.) George C. I	orized representative of a member.
	rmation under the penalties of perjury
	Edwards, III
	d 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)

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SECRETARY OF STATE