

Tom Edwards

Requester's Name

3512 MacLay Blvd South, Suite 102

Address

Tallahassee, FLA 32301 201-2300

City/State/Zip

Phone #

L010000004852

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Quest Services, LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

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-03/29/01--01019--024

\*\*\*125.00 \*\*\*125.00

4.

(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAR 29 AM 10:10  
NEW HAVEN, CT  
NOT RECORDED  
TO KNOWLEDGE  
OFFICE OF FILING

01 MAR 29 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Examiner's Initials

UP  
329-01

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Quest Services, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Place of Business: 3512 MACLAY Boulevard South, Suite 102  
Tallahassee, FLA 32312

Mailing Address : 3512 MACLAY Boulevard South, Suite 102  
Tallahassee, FLA 32312

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

THOMAS A. EDWARDS  
Name  
3512 MACLAY BVD South, Suite 102  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee, FL 32312  
City, State, and 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 608, F.S..*

Thomas A. Edwards

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Thomas A. Edwards  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

THOMAS A. EDWARDS

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

01/17/2012 29 AM 11:37  
SECTION OF STATE  
TALLAHASSEE, FLORIDA  
FILED