

JAMES BAILE

Requester's Name

1701 ARLINGTON STREET

Address

ORLANDO FL 32805

City/State/Zip

Phone #

407-246-0599

L01000010201

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
- _____ (Corporation Name) _____ (Document #)
- _____ (Corporation Name) _____ (Document #)

RECEIVED
01 SEP 21 PM 12:18
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

01 SEP 21 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

- Walk in
- Mail out
- Pick up time _____
- Will wait
- Certified Copy
- Certificate of Status
- Photocopy

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

100004604411-0
-03/21/01--01052--020
***155.00 ***155.00

Examiner's Initials *JB* 9/21/01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

QUADRANT REAL ESTATE PARTNERS I, LLC

ARTICLE II - Address:

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

163 EAST MORSE BLVD, WINTER PARK, FL 32789

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

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

JAMES BAILIE 407-774-0055
Name

163 EAST MORSE BLVD.
Florida street address (P.O. Box NOT acceptable)

WINTER PARK FL 32789
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.

James Bailie
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 therefore, a manager - managed company.

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

James Bailie
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.)

JAMES BAILIE
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)

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

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