

Division of Corporations

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L02000014569**Florida Department of State**

Division of Corporations

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY**QUALITY SERVICE PROVIDERS LLC**

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ARTICLES OF ORGANIZATION

ARTICLE I

The name of the Limited Liability Company is **QUALITY SERVICE PROVIDERS LLC**

ARTICLE II

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

SUITE 3K, 2740 COCONUT BAY LANE, SARASOTA, FL 34237-

ARTICLE III

The period of duration for the Limited Liability Company shall be **January 1, 2072.**

ARTICLE IV

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) are:

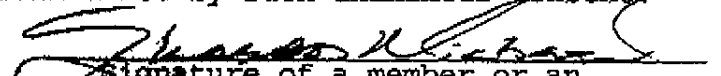
**PERCY KING, SUITE 3K, 2740 COCONUT BAY LANE, SARASOTA, FL, 34237-
CLIFFORD DOLLAR, 1918 WOOD TERRENCE RIDGE, DORAVILLE, GA, 30340**

ARTICLE V

The right, if given of the members to admit additional members and the terms and conditions of the admissions shall be with unanimous consent of the members, as provided in Section 608.4232, Florida Statutes, upon the terms and conditions provided for by such unanimous consent.

ARTICLE VI

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be with unanimous consent of the members, as provided in Section 608.441, Florida Statutes, upon the terms and conditions provided for by such unanimous consent.


Signature of a member or an
authorized representative of a member

Prepared By: Milliken P.C., 4643 E. Thomas, #9, Phx, AZ 85018

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: QUALITY SERVICE PROVIDERS

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

PERCY KING

NAME

2740 COCONUT BAY LANE, #3K

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

SARASOTA

FL

34237

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.


PERCY KING

Filing Fee: \$ 33 for Designation of Registered Agent

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