

L030000048706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200025059472

12/01/03--01022--019 \*\*125.00

*[Handwritten signature]*

RECEIVED  
03 DEC -1 PM 12:52  
TALLAHASSEE, FLORIDA

FILED  
03 DEC -1 PM 5:26  
TALLAHASSEE, FLORIDA

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED  
03 DEC -1 PM 5:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Quality Check Property Maintenance  
LLC

☐ Art of Inc. File  
☐ LTD Partnership File  
☐ Foreign Corp. File  
☒ L.C. File  
☐ Fictitious Name File  
☐ Trade/Service Mark  
☐ Merger File  
☐ Art. of Amend. File  
☐ RA Resignation  
☐ Dissolution / Withdrawal  
☐ Annual Report / Reinstatement  
☐ Cert. Copy  
☒ Photo Copy  
☐ Certificate of Good Standing  
☐ Certificate of Status  
☐ Certificate of Fictitious Name  
☐ Corp Record Search  
☐ Officer Search  
☐ Fictitious Search  
☐ Fictitious Owner Search  
☐ Vehicle Search  
☐ Driving Record  
☐ UCC 1 or 3 File  
☐ UCC 11 Search  
☐ UCC 11 Retrieval  
☐ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

ARTICLES OF ORGANIZATION

FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

QUALITY CHECK PROPERTY MAINTENANCE, LLC

ARTICLE II ADDRESS

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

11910 ORANGE ST.  
P.O. BOX 764  
SAN ANTONIO, FL 33576-0764

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED  
AGENT'S SIGNATURE

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

JOSEPH A. NEWLON  
12146 CURLEY STREET  
SAN ANTONIO, FL 33576

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, FLORIDA STATUTES.

SIGNATURE

  
JOSEPH A. NEWLON

DATE 11-24-03

03 DEC -1 PM 5:24  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE IV MANAGER(S) OR MANAGING MEMBER(S)

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

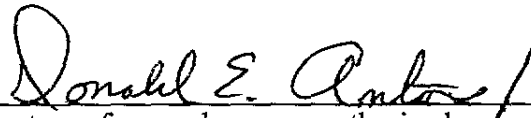
Title:

Name and Address:

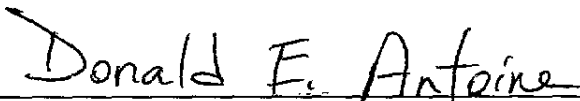
MGRM

DONALD E, ANTOINE  
11910 ORANGE ST.  
P. O. BOX 764  
SAN ANTONIO, FL 33576

REQUIRED SIGNATURE:

A handwritten signature in cursive script, reading "Donald E. Antoine", written over a horizontal line.

Signature of a member or an authorized representative of a member

A handwritten version of the name "Donald E. Antoine" in a stylized, slightly cursive font, written over a horizontal line.

Typed or printed name of signer