

U030000031783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

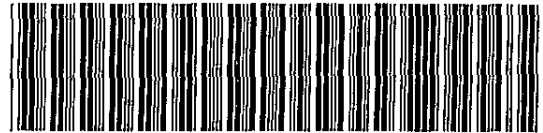
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FILED  
03 DEC -3 PM 3:27  
CLERK OF DISTRICT COURT  
TALLAHASSEE FLORIDA

December 1, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:     QONCERT, LLC**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Check #1086 in the amount of \$125.00 for Filing fee & Designation of Registered Agent.

**FROM:**           WE THE PEOPLE  
                  ATTN: HEATHER  
                  320 OSCEOLA AVENUE  
                  JACKSONVILLE BEACH, FLORIDA 32250  
                  904-241-2533

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

QONCERT, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

129 Herons Nest Lane  
St. Augustine, FL 32080

#### Mailing Address:

129 Herons Nest Lane  
St. Augustine, FL 32080

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

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

LOUIS R. ROSSI

Name

129 HERONS NEST LANE

Florida street address (P.O. Box **NOT** acceptable)

ST. AUGUSTINE FL 32080

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..*

  
Registered Agent's Signature

(CONTINUED)

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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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

<u>Manager</u>	<u>Louis R. Rossi</u>
	<u>129 Herons Nest Lane</u>
	<u>St. Augustine, FL 32080</u>
	<u>Louis R. Rossi</u>

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



**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.)

Louis R. Rossi

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)**