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(Requestor's Name)		
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name)	<u> </u>
(Document Number)		
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TALLAHA COEE, FLORIDA

FEB -8 AN 8:



ACCOUNT NO. : 072100000032

REFERENCE: 427628 156480A

ORDER DATE: February 6, 2004

ORDER TIME : 10:06 AM

ORDER NO. : 427628-005

CUSTOMER NO: 156480A

CUSTOMER: Ms. Layla Tabor

Roberts, Seward & Company

Suite 202

505 E. Jackson Street

Tampa, FL 33602

DOMESTIC FILING

NAME:

QUORSAI OF ST. PETERSBURG, LLC

XX____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF FILED & OT

ARTICL	E I -	Name:
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The name of the Limited Liability Company is:

Olionson of St. Petersburg, UC

ARTICLE II - Address:

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

Principal Office Address:

1009 Cleveland St.

Tampa, FL 33409

Tampa, FL 33409

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Richard A. Rober-

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

Tampa FLORIDA 3300

'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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	ing Member(s): or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	lichard Roberts 505 E. Jackson St. Tampa, R. 33603
MGR_	Prativ Patel 815 Grandou et. Brandou, A. 86611
MGR	Vick Tipnes 5218-2 Bayshore Blvd. Tampa, FL 33411
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Hahil a. The	lt
Signature of a member or an a	uthorized representative of a member.
of this document constitutes an a that the facts stated herein are tr Richard Robe	As
Typed or pri	inted 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)