L0 40000/428 DECRETARY OF STATE OF THE STATE

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PICK-UP WAIT MAIL
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O4 FEB 23 PM 2: 26
DIVISION OF CORPORATION

TRANSMITTAL LETTER

FILED SECRETARY OF STATE TALLAMASSES FLORIDA

TO:

Registration Section Division of Corporations 04 FEB 23 PM 2: 28

SUBJECT: QUALITY WOLKS LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jesse W CROK

(Name of Person)

QUALITY WOLKS

(Firm/Company)

10497 Flgin Lare

(Address)

Tigilahassee FL 32305

(City/State and Zip Code)

For further information concerning this matter, please call:

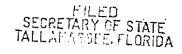
Tesse W Cook at (850) 210-0518

(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
QUALITY WOTES LLC		
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
10497 ELGIN LANE	10497 ELGIN LANC	
TAILAHASSEE, FL 32305	TAIIAHASSEE, FC 32305	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:		
Jesse w cot		
Name		
10497 Elgis LAF Florida street address (P.O. Box N	<u>e,</u>	
Florida street address (P.O. Box N	OT acceptable)	
TALAHA5588 FI	ORIDA 3 23 05	

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)

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Maron	Jesse W Cook 10497 EG918 LARE TALLAMASSEE FC 32305
,	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.

REQUIRED SIGNATURE:

gnature 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.)

Tesse W. COOK

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)