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(Re	equestor's Name)	
(Ac	ldress)	
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(Cî	ty/State/Zip/Phone	; #}
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	,
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SECRETARY OF STATE



## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: Quality Mobile Home Skirting LL.C. (Name of Limited Liability Company)	/ <del></del>
The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:	
Jody 1. Scott (Name of Person)	. <u>.</u>
Acality Mobile Home Starting LLC (Firm/Company)	TALLAHASS 04 MAY 11
280 Bishop LAne (Address)	₹ 1995
(City/State and Zip Code)	STATE LORIDA 1: 17
For further information concerning this matter, please call:	
Tody 2. Seoff at (\$50) 544-5407 (Name of Person) (Area Code & Daytime Telephone Number)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	<del></del>
Quality Mobile Home 5	Kirting 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:
280 Bishop LANE Wisham GA 39897	<u> 5Ame</u>
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registere	
Jody L. Scott Name	
6046 W Temessee 5 Florida street address (P.O. Box No.	OT acceptable)
Tallahassee FL City, State, and Zip	32304-0000 F F
Having been named as registered agent and to accept so liability company at the place designated in this certifical registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performance accept the obligations of my position as registered agent	ate, I hereby accept the appointment as represented the appointment as represented the comply with the provisions of all the complexity of the complexity and the complexity of the complexity and the complexity and the complexity of the complexity and the complexity of the complexity and the complexity of the complexi
Registered Agent's Signat	ure

(CONTINUED)

<u>Γitle:</u>	Name and Address:
'MGR" = Manager	- Tradition of the second of t
'MGRM" = Managing Member	Jody L. Scott 280 Bishop Lane Whigham CA. 39897
MURM	280 Bishop Line
	Whigham CA.
	39897
Use attachment if necessary)	
OTE: An additional article m	nust be added if an effective date is requested.
REQUIRED SIGNATURE:	
	2
_ Colon	1/200
Signature of a n	nember or an authorized representative of a member.
of this document	vith section 608.408(3), Florida Statutes, the execution to constitutes an affirmation under the penalties of perjury ted herein are true.)
Joe	dy 1. Scott
	Typed or printed name of signee
	Filing Fees:

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)