

L04000052102

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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✓ 07/4/04

ATTORNEYS & COUNSELORS AT LAW
**G RUENBERG
& K ELLY**

A Professional Service Corporation

3275 Veterans Memorial Highway, Suite B-9
Ronkonkoma, New York 11779
(631) 737-4110 Fax (631) 737-4155

July 7, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Quality Environmental, LLC

Dear Sir/Madam:

Enclosed please find a "Transmittal Letter" and "Articles of Organization for Florida Limited Liability Company" along with a check payable to the Florida Department of State in the amount of \$155.00 representing the following:

| | |
|----------------------------------|-----------|
| Filing Fee: | \$ 100.00 |
| Designation of Registered Agent: | 25.00 |
| Certified Copy: | 30.00 |

Kindly file the same and forward a copy of the filing receipt and certified copy of the Certificate to the address listed in the "Transmittal Letter". If you have any questions, please contact the undersigned.

Sincerely,


Sean Kelly

SK/sa
encl.

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Environmental, 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:

John Pesce
(Name of Person)

Quality Environmental, LLC
(Firm/Company)

6252 Conniewood Square
(Address)

New Port Richey, FL 34653
(City/State and Zip Code)

For further information concerning this matter, please call:

John Pesce at (727) 992-2999
(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 Environmental, LLC

ARTICLE II - Address:

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

Principal Office Address:

8016 Congress Street

New Port Richey, FL 34653

Mailing Address:

6252 Conniewood Square

New Port Richey, FL 34653

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

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

Jim Kelly

Name

8016 Congress Street

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

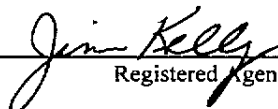
New Port Richey

FLORIDA 34653

City, State, and Zip

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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

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:

MGRM

John Pesce

6252 Conniewood Square

New Port Richey, FL 34653

MGRM

Jim Kelly

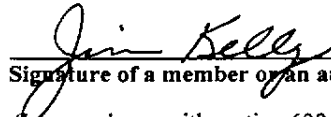
8016 Congress Street

New Port Richey, FL 34653

(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.)

Jim Kelly

Typed or printed name of signee

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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)