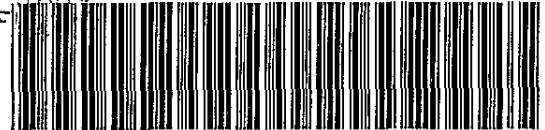


L040000052548

2004 JUL 12 P 3:39

SECRETARY OF STATE  
TALLAHASSEE, FL



700038338487

07/08/04--01042--004 \*\*125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

way-26908

AL

Office Use Only



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 14, 2004

PHYLLIS YOON  
5829 19TH AVE. S.  
GULFPORT, FL 33707

SUBJECT: QUARTERMOON LTD.CO.  
Ref. Number: W04000026908

FILED  
2004 JUL 12 P 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for QUARTERMOON LTD.CO. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 304A00044855

**FILED**

- 2004 JUL 12 P 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Name: Phyllis Yoon**  
**Address: 5829 19th Ave. S.**  
**Phone: 727-278-6963**

**\$ 125."**

Enclosed is a check for: \$~~100~~00

Filing fee

Destination of registered agent

~~Certified copy~~

*Thank You!*

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**

2004 JUL 12 P 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

QUARTERMOON LTD. CO.

**ARTICLE II - Address:**

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

**Principal Office Address:**

5829 19th AVE. SOUTH  
GULFPORT, FL  
33707

**Mailing Address:**

(SAME)

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

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

Phyllis Yoon

Name

5829 19th AVE - SOUTH

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

GULFPORT

FLORIDA

33707

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

FILED

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

The name and address of each Manager or Managing Member is as follows: 206 JUL 12 P 3: 39

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGR

Phyllis Yoon

5829 19th Ave S.  
Gulfport, FL 33707

(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.)

Phyllis Yoon

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)