

W04000055 836

00789-02595-00671

(Requestor's Name)

3047 Terrace Ave
Unit A
Naples, FL 34112

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

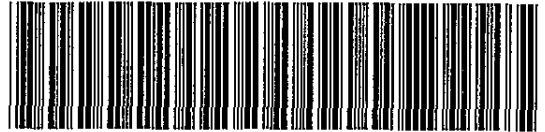
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SEMI-ANNUAL STATE
TALLMASSAGE FLORIDA

W04-26723



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 13, 2004

QUALITY SOLUTIONS CONSULTANTS
3047 TERRACE AVE.
UNIT A
NAPLES, FL 34112

SUBJECT: QUALITY SOLUTIONS CONSULTANTS
Ref. Number: W04000026723

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

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 604A00044631

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Quality Solutions Consultants - L.L.C

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3047 Terrace Ave Unit A
Naples FL 34112

3047 Terrace Ave Unit A
Naples FL 34112

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

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

Jay M. Clairain
Name
6024 Manchester
Florida street address (P.O. Box NOT acceptable)
Naples FL FLORIDA 34110
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Jay M. Clairain
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:

MGR

Jay M. Clairain
6024 Manchester
Naples FL 34110

MGR

Mark G. Shewmaker
1205 Reserve Way #102
Naples, Fla 34105

MGR

Tim Row
400 MARS WAY
SUNO BCH, FL 33408

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Jay M. Clairain
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.)

Jay M. Clairain
Typed or printed name of signee

Tim Row

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)