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(Business Entity Name)

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W4-33003



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MJH

09/14/04--01028--017 \*\*25.00

08/27/04--01042--013 \*\*100.00

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TALLAHASSEE, FLORIDA

04 SEP 10 PM 12:30

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Quality Consulting Group, 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:

Peggy Walker  
(Name of Person)

Quality Consulting Group, LLC  
(Firm/Company)

613 Silverthorn Rd.  
(Address)

Gulf Breeze, FL 32561  
(City/State and Zip Code)

For further information concerning this matter, please call:

Peggy Walker at (850) 932-4117  
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 31, 2004

PEGGY WALKER  
QUALITY CONSULTING GROUP, LLC  
613 SILVERTHORN RD.  
GULF BREEZE, FL 32561

SUBJECT: QUALITY CONSULTING GROUP, LLC  
Ref. Number: W04000033003

We have received your document for QUALITY CONSULTING GROUP, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return 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: 604A00052894

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Quality Consulting Group, 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:**

613 Silverthorn Rd  
Gulf Breeze, FL 32561

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

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

Peggy S. Walker  
Name

613 Silverthorn Rd.  
Florida street address (P.O. Box NOT acceptable)

Gulf Breeze, FL 32561  
City, State, and Zip

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01 SEP 10 PM 12:30  
CLERK OF CIRCUIT COURT  
JANUARY 11, 2011  
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..*

Peggy Walker  
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:**

\_\_\_\_\_  
See Attached  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

*This is an equal interest, manager-managed company.*

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

**REQUIRED SIGNATURE:**

*Peggy Walker*  
\_\_\_\_\_  
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.)

*Peggy Walker*  
\_\_\_\_\_  
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)**

**ARTICLE IV-Managers:**

The name and address of each Manager is as follows:

**Title:**

"MGR"= Manager

**Name and Address:**

MGR

Jim Bell  
28 Parish Hill Rd.  
Granby, MA 01033

MGR

Sue Creighton  
7612 Cypress Wood Ct.  
Raleigh, NC 27606

MGR

Jim Mooney  
3186 Beechberry Circle  
Davie, FL 33328

MGR

Don Vacca  
4024 E. Palo Brea Ln.  
Cave Creek, AZ 85331

MGR

Peggy Walker  
613 Silverthorn Rd.  
Gulf Breeze, FL 32561

MGR

Joe White  
233 Dorchester Rd.  
Akron, OH 44313