L0400089438

(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:		

Office Use Only



500043200295

OLDEC TO AM 9: 04 SEURE VALLE OF STATE

NECE VE



ACCOUNT NO. : 072100000032

REFERENCE: 076750

156480A

ADEC O M 9: OF

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : December 10, 2004

ORDER_TIME : 1:43 PM

ORDER NO. : 076750-005

CUSTOMER NO: 156480A

CUSTOMER: Ms. Layla Tabor

Roberts, Seward & Company

Suite 202

505 E. Jackson Street

Tampa, FL 33602

DOMESTIC FILING

NAME: QUE

QUEST DEVELOPMENT, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	ASSECTION OF THE PARTY OF THE P
Duest Development, LLC	The second secon
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1300 Waterfird Run Dr Riverview FL 33569	-seme-
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re Pello Pote! Name	,
1300to Waterfor Florida street Adds	ess (P.O. Box NOT acceptable)
Bivery Com City, State, an	FL 375169 d Zip
itability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate. I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and cred agent as provided for in Chapter 608, F.S

The name and address of each Manager or Managing Member is as follows: Name and Address: Tirle: "MOR" - Manager "MGRM" = Managing Member malm MARIA (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 apportance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true,) Typed or printed name of signce

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

Films Potts

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 20,00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)