

W5000055944Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

05 JUN -6 PM 1:30

LIMITED LIABILITY COMPANY MJH

Schwallenbergs Quality Services LLC

Certificate of Status	1
Certified Copy	0
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Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Schwallenbergs Quality Services 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:

340 Arora Boulevard

340 Arora Boulevard

Orange Park, FL 32073

Orange Park, FL 32073

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

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

Billy Schwallenberg

Name

340 Arora Boulevard

(P.O. Box or Mail Drop Box NOT Acceptable)

Orange Park, FL 32073

(City / State / 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, F.S.


Registered Agent's Signature - Billy Schwallenberg

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

Title:

"MGR" = Manager

MGRM

REQUIRED SIGNATURE:

(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.)

Typed or printed name of signee