

Jul. 5, 2005 4:34 PM

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800) 342-9856
Fax Number : (800) 354-3381

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

MARKET QUEST CONSULTING, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARKET QUEST CONSULTING, LLC

ARTICLE II - Address:

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

Principal Office Address:

1922 Illinois Ave. NE
St. Petersburg, FL 33703

Mailing Address:

1922 Illinois Ave. NE
St. Petersburg, FL 33703

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

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

Addys Gonzalez Sasserath

Name

1922 Illinois Ave. NE

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

St. Petersburg, FL 33703

FL

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, F.S.


Registered Agent's Signature

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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:

MGRM

Addys Sasserath

1922 Illinois Ave. NE

St. Petersburg, FL 33703

(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.)

Addys Sasserath

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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