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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e#)
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J. BRYAN JUL 1 9 2005

TRANSMITTAL LETTER

TO: Registration Se Division of Co			
	Q.	20 Enterprises LLC	
SUBJECT:		Me Enterprises	
	(Name of Limited	I Liability Company)	
The enclosed Articles o	f Organization and fee(s) are su	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		xis L. Latimore	
	4)	Name of Person)	
	0	Firm/Company)	
			S JUL
	6901	N. W. 2nd Court	
		(Address)	FILES 11.52 TALLAHASSEE, FLORID
	Miam	i Florida 33150	92 5
	(City/	State and Zip Code)	(b) 2
For further information	concerning this matter, please	call:	
	Latimore	at (305) 788 - 4437	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	EET ADDRESS: tration Section	MAILING A Registration S	_

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:			
Q20 ENTERPRISES LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
6901 N. W. 2nd Court	6901 N. W. 2nd Court			
Miami, Florida 33150	Miarni, Florida 33150			
Na. 6901 N. V	Latimore			
Mia				
	te, and Zip			
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as with its certificate, I hereby accept the appointment as with. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S			

(CONTINUED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

	Alexis L. Latimore
MGRM	8901 N.W. 2nd Court
	Miami, FL 33150
MGRM	Pamela L. Latimore
	6901 N.W. 2nd Court
	Miami, FL 33150
	70- 4
	<u> </u>
	ن الله الله الله الله الله الله الله الل
(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 depresentative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution

(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.)

Alexis L. Latimore
Typed or printed name of signee

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)