

LD50000106207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

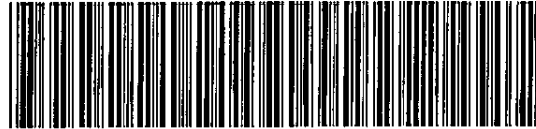
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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N. Culligan NOV - 1 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QuiQit 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:

Carlos Hernandez Jr / Ben Griffin

(Name of Person)

(Firm/Company)

511 Barclay Avenue

(Address)

Altamonte Springs

(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Hernandez Jr / Ben Griffin at 407 617-5948
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

QuiQit llc

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

511 Barclay Avenue

Altamonte Springs, FL 32701

Mailing Address:

511 Barclay Avenue

Altamonte Springs, FL 32701

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Carlos Hernandez Jr

Name

511 Barclay Avenue

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

Altamonte Springs

FL 32701

City, State, and Zip

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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 (REQUIRED)

(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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Carlos Hernandez Jr

511 Barclay Avenue

Altamonte Springs, FL 32701

MGRM

Benjamin Griffin

511 Barclay Avenue

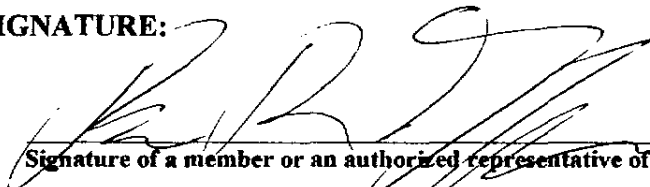
Altamonte Springs, FL 32701

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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)

BENJAMIN A GRIFFIN
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)

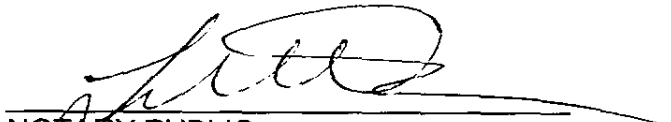
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STATE OF FLORIDA)

COUNTY OF ORANGE)

BEFORE ME, a notary public, duly authorized to take acknowledges in the County of Orange, personally appeared Benjamin R. Griffin, personally known to me to be the person(s) designated in the foregoing Articles of Organization for Florida Limited Liability Company, or who has produced a driver's licenses as identification, and who acknowledged before me that he executed the same freely and voluntarily for the purposes described therein.

SWORN TO AND SUBSCRIBED
BEFORE ME THIS 27th DAY OF
October, 2005.



NOTARY PUBLIC

MY COMMISSION _____

LINDA A. MCMANUS
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # DD480221
EXPIRES 7/12/2009
BONDED THRU 1-888-NOTARY1

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