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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

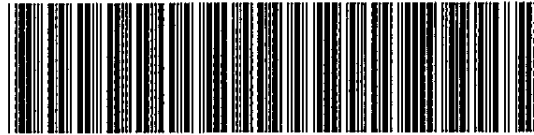
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TALLAHASSEE, FLORIDA  
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Capitol Services, Inc.

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Tallahassee, FL 32301

(850) 878-4734

Kathi or Brent

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Quevedo Holdings, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in      ☒ Pick up time 11/17/05      ☐ Certified Copy
- ☐ Mail Out      ☐ Will wait      ☒ ~~Photocopy~~ STPD      ☐ Certificate of Status

**NEW FILINGS**

- ☒ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**QUEVEDO HOLDINGS, LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
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**ARTICLE I - NAME**

The name of the company is **Quevedo Holdings, LLC.**

**ARTICLE II - ADDRESS**

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

**Principal Office Address**

505 Wekiva Springs Road  
Suite #100  
Longwood, Florida 32779

**Mailing Address**

505 Wekiva Springs Road  
Suite #100  
Longwood, Florida 32779

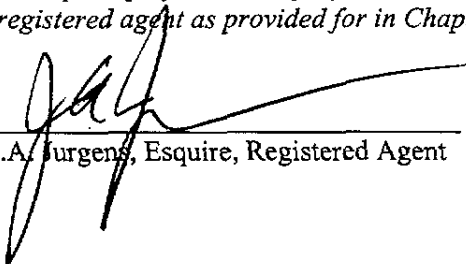
**ARTICLE III**

**REGISTERED AGENT, OFFICE AND SIGNATURE**

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

J.A. Jurgens, Esquire  
J.A.. Jurgens, P.A.  
505 Wekiva Springs Road, Suite #500  
Longwood, Florida 32779

*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, Florida Statutes.*

  
\_\_\_\_\_  
J.A. Jurgens, Esquire, Registered Agent

**ARTICLE IV**

**MANAGER OR MANAGING MEMBER**

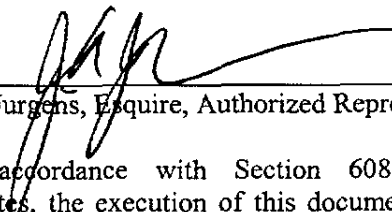
The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

MGR

Daniel Quevedo  
505 Wekiva Springs Road  
Suite #100  
Longwood, Florida 32779

  
\_\_\_\_\_  
J.A. Jurgens, Esquire, Authorized Representative

(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.)