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COVER LETTER

	tration Section ion of Corporations	
SUBJECT:	Quest Land Development Group, LLC (Name of Limited Liability Company)	
The enclosed	Articles of Organization and fee(s) are submitted for filing.	
Please return	Il correspondence concerning this matter to the following:	
	Jason W. Loomis (Name of Person)	
	(Name of Person)	
	Quest Land Development Group, LLC B (Firm/Company) P.O. Box 130197 (Address) Boston, Massachuse H. Dall3 (City/State and Zip Code)	
	(Firm/Company)	4
	P.O. Box 130197	m
	(Address)	ے 'ر
	Boston, Massachuse Hs 02113 (City/State and Zip Code)	
	(City/State and Zip Code)	ع
For further int	ormation concerning this matter, please call:	
Jasi	(Name of Person) at (617) 523-5755 (Area Code & Daytime Telephone Number)	
Enclosed is a	check for the following amount:	
□ \$125.00 Fi	Ing Fee \$\bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314



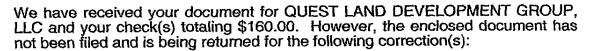
FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 18, 2005

JASON W. LOOMIS QUEST LAND DEVELOPMENT GROUP, LLC PO BOX 130197 BOSTON, MA 02113

SUBJECT: QUEST LAND DEVELOPMENT GROUP, LLC

Ref. Number: W05000051725



Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 105A00068364

Magary 19 PM 1:39

Dear of, Bran: I have signed the document as requested. I apologize for the incomplete submission.

Please left me know if you have any questions. My number is: 6/7-523-5755

Sincerely

Jaom W. Loomis

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:

		ted Company" or their abbreviation "LLC," or "L.C	,")
The mailing address	and street address of the p	rincipal office of the Limited Liability	Company is:
Principal Office Ac	<u>Idress:</u>	Mailing Address:	
603 Front S. Celebration,	treat Florida 34747	P.O. Box 130197 Boston, Massachusetta, C	2110
(The Limited Liability Conbusiness entity with an ac	ipany cannot serve as its own Regis	hardson	2005 DEC 19
-	603 Front Florida street add Celebration City, State,	dress (P.O. Box <u>NOT</u> acceptable)	PM 4: 39 KPURATIONS
		accept service of process for the above s this certificate, I hereby accept the appo	

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..

(CONTINUED)
Page 1 of 2

gistered Agent's Signature (REQUIRED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Jason W. Loomis P.D. Box 130197 Boston, MA 02118
MGRM	John M. Pudy, Tr. 312 S. Bench Road Hobe Sound, FL 33455
	ALCAHASSEE FLORI
(Use attachment if necessary)	FLORIDA PLORIDA
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LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE:	
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fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a modern of this document of this document of the date of th	est be specific and cannot be more than five business days p

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)