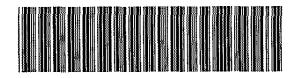
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(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phone	»#)		
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COVER LETTER

TO: Registration S Division of Co					
SUBJECT: Q-nect	ions, LLC				
	(Name of Limite	d Liability Compar	ny)		•
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing	•		
Please return all corresp	condence concerning this matte	er to the following:			
Charles L.	Mills				
-	(Name of Person)			. *: *,*
Q-nections	. LLC				
		(Firm/Company)	 	<u> </u>	
5050 Hog	an Place				NISION OF CO
		(Address)	·· <u>·</u> ···		~~ 疑
Cocoa, Fl	_ 32927				PH 2: 00
<u></u>		/State and Zip Code)	<u></u>		一o 弱
E. Gartania Carre		*5			00 OHS
For lurther information	concerning this matter, please	call:			
Charles L. Mills		at (321)	636-569	6	
(Name	of Person)	(Area Code	& Daytime To	elephone Number)	· • · · · · · · · · · · · · · · · · · ·
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Fill Certified Copy (additional copy is	_	\$160.00 Filing Certificate of State Certified Copy (additional copy is end	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registratio Division o Clifton Bu 2661 Exec	f Corporatio	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
Q-nections, LLC	
(Must end with the words "Limited Liability Company	, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Timeipai Office Addi ess.	<u> </u>
5050 Hogan Place	5050 Hogan Place
Cocoa, FL 32927	Cocoa, FL 32927 C 22
	2 95
ADTICLE III - Degistered Agent Pegi	istered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its ow	vn Registered Agent. You must designate an individual or another 30
business entity with an active Florida registration.)	2 32
The name and the Florida street address of	of the registered agent are:
Charles L. Mills	
	Name
5050 Hogan Place	
	treet address (P.O. Box NOT acceptable)
Cocoa, FL 32927	FL
City,	State, and Zip
Havina heen named as registered agent t	and to accept service of process for the above stated limited
	ted in this certificate, I hereby accept the appointment as
registered agent and agree to act in this c	apacity. I further agree to comply with the provisions of all
statutes relating to the proper and comp	olete performance of my duties, and I am familiar with and
accept the obligations of my position of	as registered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Charles L. Mills
	5050 Hogan Place Cocoa, FL 32927
	06 S
	06 SEP 21
	P
	2: 00
(Use attachment if necessary)	
	e date of filing: (OPTIONAL) be specific and cannot be more than five business days price
REQUIRED SIGNATURE:	
Charled 2 Signature of a memb	K. Mill) oer or an authorized representative of a member.
(In accordance with se of this document cons that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
Charles I Mills	

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)

Typed or printed name of signee