

Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634~3694 Fax Number : (305) 633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ws-quest int, llc

Certificate of Status	O
Certified Copy	1
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W07-3490

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January 23, 2007

FLORIDA DEPARTMENT OF STATE Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: WS-QUEST INT, LLC

REF: W07000003490

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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

Joey Bryan Document Specialist FAX Aud. #: H07000018553 Letter Number: 007A00005214

P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

WS-QUEST INT, LLC		S SING
(Must end with the words "Limited Liability Comp	pany, "Limited Company" or their abbreviation "LLC," or "L.C"	
ARTICLE II - Address:		是記
The mailing address and street address	s of the principal office of the Limited Liability Co	ompany is:
		500
Principal Office Address:	Mailing Address:	H 9
	Mailing Address: Same as principal office address	# 9:5 -
Principal Office Address: WS-QUEST INT, LLC 6512 S.W. 113th Court		استانات

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:

Maria Fe	mandez-Valle, Attorney at Law	
1, 2, 3, 1	Name	
3750 N.\	W. 87th Avenue, Suite 100	
	Florida street address (P.O. Box NOT acceptable)	
Doral	FL 33178	
***************************************	City, State, and Zip	

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)
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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	Sandra Milena Rincon	01VI
	6512 S.W. 113th Court	Z SECT
	Miami, Florida 33173	JAN 23
MGRM	Waydy Mitchell	
	6512 S.W. 113th Court	<u> </u>
	Miami, Florida 33173	يَّ و
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(Use attachment if necessary)		e i na e e dialet e è la s
LE V: Effective date, if other than		(OPTIONAL)
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days after the date of filing.)	री हरत है।	
5. N. M. M. M. M. S.	and the state of t	
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:		
required signature:		· ,
REQUIRED SIGNATURE:	milor or an anchorized representative of a me	ander.

Sandra Milena Rincon

Typed or printed name of signee

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- 5 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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