1010	00050316
(Requestor's Name) (Address) (Address)	800101814958
(City/State/Zip/Phone #)	05/10/0701027003 **160.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 2007 MAY IO PHI2: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Office Use Only	107-50316 QL.

COVER LETTER

TO: **Registration Section** Division of Corporations

SUBJECT: Q-Squared Research, 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:

Mark House

(Name of Person)

Q-Squared Research, LLC

(Firm/Company)

8850 NW 9th Lane

(Address)

Gainesville, Florida 32606		A SECT	M LOU	and the second
(Ci	ity/State and Zip Code)	ETAR	NY I	الله المتحدين القانية على م أو
For further information concerning this matter, please call:		SEE. FI	0 PH	
Mark House	_{at (} 352) 262-9608	STAT	12: 2	
(Name of Person)	(Area Code & Daytime Telephone Number)	Com	õ	

Enclosed is a check for the following amount:

S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status

S155.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$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 1 - Name:

The name of the Limited Liability Company is:

Q-Squared Research, 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:

Mailing Address:

8850 NW 9th Lane Gainesville, Fl 32606

8850 NW 9th Lane Gainesville, Fl 32606

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 business entity with an active Florida registration.)	$or another \geq \infty$	200	
The name and the Florida street address of the registered agent are:	CRET	1 HAY	
Mark House	ARY		1.00000
Name	μo		
8850 NW 9th Lane		1	(7 <i>87-1</i> 944) Val 1

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

Gainesville, FL 32606 FL

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.

'4

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

4.5

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Mark House	
	8850 NW 9th Lane	
	Gainesville, Fl 32606	
MGRM	Chad Maxwell	
	1828 NW 10th Street	
	Gainesville, Fl 32609	
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(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 tha

of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		2007	
MARK HOUSE	C NE	32	, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Typed or printed name of signee	ZZ	<	8172.242 M
	TARY ASSE	0	
Filing Fees:	Eg		
S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	STA	31	They all
S 30.00 Certified Copy (Optional)		29	

Sin

\$ 5.00 Certificate of Status (Optional)