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SECRETARY OF STATE
DIVISION OF CORPORATIONS

## **COVER LETTER**

TO:	Registration Division of C			•
eup ir	or.	QUANTRUM I	NTERNATIONAL L	LC
SUBJE	.C1;		ed Liability Company)	
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	ter to the following:	
	···	Brian M	1. Silverio, Esq.	
		<b>.</b>		
		Silveri	o & Hall, P.A.	
			• • •	
		150 West Flagle	r Street Penthouse	2850
			(Address)	
	,		Florida 33130	
		(Ci	ty/State and Zip Code)	
For fur	ther information	concerning this matter, pleas	e call:	
	Brian M	I. Silverio	at ( 305 ) 371-275	56
<u></u>	(Nam	e of Person)	(Area Code & Daytime Tele	phone Number)
Enclos	ed is a check f	or the following amount:		
<b>□</b> \$125.	00 Filing Fee	\$130.00 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 C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company	is:			
OLIANTELIM INTE	EDNATIONAL LLC			
QUANTRUM INTERNATIONAL LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address:				
	principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:  975 Arthur Godfrey Road			
975 Arthur Godfrey Road				
Suite 202	Sulte 202			
Miami Beach, Florida 33140	Miamì Beach, Florida 33140			
The name and the Florida street address of the Brian M. Silv	verio, Esq.			
Na	····			
	r Street PH 2850 address (P.O. Box NOT acceptable)			
Miami	22120			
	te, and Zip			
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S			

(CONTINUED) Page 1 of 2 DIVISION OF CORPORATIONS

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

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

Member President	Robert T. Arkin
	4205 Alton Road
	Miami Beach, Florida 33140
Member Vice-President	Vuk Dinic
	7441 Wane Avenue Apt. 3E
	Miami Beach, Florida 33141
(Use attachment if necessary)	

**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 that the facts stated herein are true.)

Page 2 of 2

Robert T. Arkin
Typed or printed name of signee

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)