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SECRETARY OF STATE

ALLAHASSEF FI 1981E.

A. LUNT

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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	CCT: Rock Quad L.L.C
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Denise Rock (Name of Person)
	(Name of Felson)
	(Firm/Company) 11447 Blue Violet Lane ARE & T
	Royal Palm Beach, FL 33414, D
For fur	(City/State and Zip Code) (City/State and Zip Code) (City/State and Zip Code)
	Denise Rock at (561) 502-0393 (Area Code & Daytime Telephone Number)
a .	ed is a check for the following amount:
\$125.	00 Filing Fee \$\times \text{\$130.00 Filing Fee & \$\times \text{\$155.00 Filing Fee & \$\times \text{\$160.00 Filing Fee, } \text{\$Certificate of Status & \$\text{\$Certified Copy (additional copy is enclosed)}}\$
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company i	is:
Book Qu	
(Must end with the words "Limited Lia	Ability Company, "L.L.C.," or "LLC.")
A DETICLE IV. A LL	
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11447 Blue Violet Lane Royal Palm Beach, FL	11447 Blue Violet Lane Royal Palm Beach, FL
334/1	<u>334</u> //
(The Limited Liability Company cannot serve as its own Regulations business entity with an active Florida registration.) The name and the Florida street address of the Denise Nam	e registered agent are: Rock ne Violet Lane address (P.O. Box NOT acceptable)

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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR MGRM MGR (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 that the facts stated herein are true.)

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