

108000008964

QUICK CLOSINGS 123  
19636 Timberbluff Drive  
Land O' Lakes, FL 34638

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

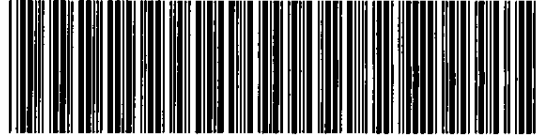
(Document Number)

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EFFECTIVE DATE 1/22/08



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01/24/08--01037--021 \*\*125.00

**FILED**  
08 JAN 24 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
JAN 24 2008  
**EXAMINER**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

QUICK CLOSINGS 123, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

19636 Timberbluff Drive  
Land O' Lakes, FL 34638

**Mailing Address:**

19636 Timberbluff Drive  
Land O' Lakes, FL 34638

**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 other business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Deborah A. Salvatore

Name

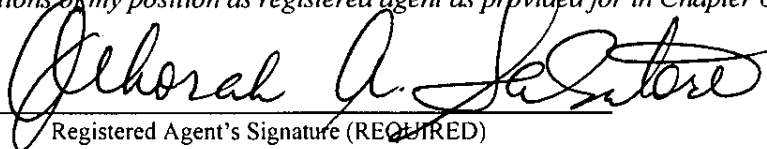
19636 Timberbluff Drive

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

Land O' Lakes, 34638 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..*

  
Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE

1-22-08

(CONTINUED)

Page 1 of 2

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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:**

MGR

Deborah A. Salvatore

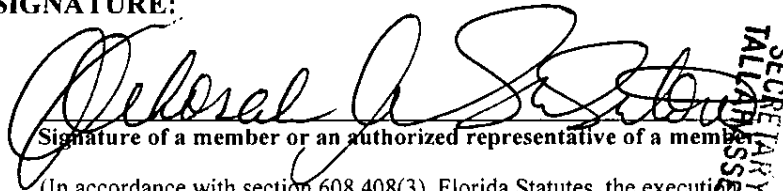
19636 Timberbluff Drive

Land O' Lakes, FL 34638

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/22/08. (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.)

Deborah A. Salvatore

Typed or printed name of signee

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TALLAHASSEE FLORIDA

**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)