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SECRETARY OF STATE DIVISION OF CORPORATIONS

J. BRYAN

FEB 2 9 2008

**EXAMINER** 

# **COVER LETTER**

FO: Registration S Division of C				
SUBJECT:	QP3 LLC	;		
	(Name o	f Limited Liability Cor	mpany)	
5 6' 14 1				
Dear Sir or Madam:				
The enclosed Articles	of Correction and fee(s) as	e submitted for filing.		
Please return all corre	spondence concerning this	matter to the following	g:	
Same and the same				
PETER LOUKA	ATARIS		_	
	(Name of Person)			
PETER MAKRIS	CPA			
· · · · · · · ·	(Firm/Company)		-	
2110 DREW STR	CET			
ZIIO DILLW SIII	(Address)		-	
CLEARWATER, I	FL 33765 (City/State and Zip Code)		_	
For forther informatio	•	dana salli		
ror lutther informatio	on concerning this matter, p	nease can:		
CHRISTINA TOLL	EFSON	at (727		
(Nai	me of Person)	(Area Code &	k Daytime Telephone Number)	
STREET/COURIEF	ADDRESS:		MAILING ADDRESS:	
Registration Section	(ADDRESS.		Registration Section	
Division of Corporati	ons		Division of Corporations	
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 3			Tatianassee, Florida 32314	
Enclosed is a check t	for the following amount:			
☑ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

# ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is:  QP3 LLC		
<u>SECO</u> 1	ND: The articles of organization or the application to transact business		
(CH	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	TEMENT	
	Contains an incorrect statement. The incorrect statement, the reason the state incorrect, and the corrected statement are as follows:	ment is	
	NAME & ADDRESS OF A MANAGING MEMBER WAS OMITTED. THE FOURTH M.	ANAGING	
	MEMBER IS: QUEEN'S PIZZA, INC		_
	1868 RIDGEWAY DRIVE, CLEARWATER, FL 33755		_
	<u>OR</u>		
_	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	signed and	
		08 FE	SECR
		328	FOFC
Dated:	FEBRUARY 18 /1, 2008	PM 12: 59	Y OF STATE ORPORATIONS
	Signature of a member or authorized representative of a member		
	PETER LOUKATARIS  Typed or printed name of signee		
	Filing Fee: \$25.00		

Certified Copy:

\$30.00 (optional)

## Electronic Articles of Organization For Florida Limited Liability Company

L08000016906 FILED 8:00 AM February 15, 2008 Sec. Of State ncausseaux

#### Article I

The name of the Limited Liability Company is: QP3, LLC

#### Article II

The street address of the principal office of the Limited Liability Company is: 3460 TAMPA ROAD

PALM HARBOR, FL. 34684

The mailing address of the Limited Liability Company is:

3460 TAMPA ROAD PALM HARBOR, FL. 34684

#### **Article III**

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

#### Article IV

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

PETER LOUKATARIS 520 CYPRESS BEND OLDSMAR, FL. 34677

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.

Registered Agent Signature: PETER LOUKATARIS

SECRETARY OF STATE OIVISION OF CORPORATIONS

### **Article V**

The name and address of managing members/managers are:

Title: MGRM PETER LOUKATARIS 520 CYPRESS BEND OLDSMAR, FL. 34677

Title: MGRM JOHN D LOUKATARIS 1388 BRAYTON TERRACE SOUTH PALM HARBOR, FL. 34685

Title: MGRM ANTHONY ATHANASATOS 1719 BAYHILL DRIVE OLDSMAR, FL. 34677

Signature of member or an authorized representative of a member Signature: PETER LOUKATARIS

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