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**EXAMINER** 

## COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJEC	CT: Q'S QUALITY CLEANING SERVICES, LLC (Name of Limited Liability Company)								
(Amine of Diffice Diability Company)									
The encl	losed Articles of Organization and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:									
QUINN P. DOWNING (Name of Person)									
	(Name of Person)								
	Q'S QUALITY CLEANING SERVICES, LLC (Firm/Company)								
	(Filtive Company)								
	34406 SMART DR.								
_	(Address)								
,	ZEPHYRHILLS, FL 33541								
	(City/State and Zip Code)								
For furth	ner information concerning this matter, please call:								
Qu	INN DOWNING at (917) 204-5997 (Name of Person) (Area Code & Daytime Telephone Number)								
	(Name of Person) (Area Code & Daytime Telephone Number)								
Enclose	ed is a check for the following amount:								
<b>\$</b> 125.0	0 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  S 130.00 Filing Fee & S 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

Principal Office Address:	Mailing Address:
ARTICLE II - Address: The mailing address and street addre	ess of the principal office of the Limited Liability Company is:
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
WS QUALITY CLEAN	ING SERVICES, LLC.

34406 SMART DR.	34406 SMART DR
ZEPHYRHILLS, FL 33541	ZEPHYRHILLS, FL 3354

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 another business entity with an active Florida registration.)

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

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

WUINN	P	Dow	MIN	16					
-	Ŋ	Vame							
34406	SM	ART	DR						
Florida street address (P.O. Box NOT acceptable)									
ZEPHYRH	1145	<b>S</b> FL		335	41				
City State and Zin									

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)

(CONTINUED) Page 1 of 2 SECRETARY OF STATE DIVISION OF CORPORATIONS

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## 

**REQUIRED SIGNATURE:** 

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certifled Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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