10800094750

•		
(Requ	uestor's Name)	
(Addr	ess)	
	•	
(A dala		
(Addr	ess)	
(City/	State/Zip/Phone	∍ #)
		<u></u>
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Dusi	ness Entity War	ne,
-		•
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	

Office Use Only

G. MCLEOD

OCT -7 2008

EXAMINER



400136601194

10/06/08--01038--015 **160.00

08 OCT -6 PH 3: 05

SECRETARY OF SEASON

COVER LETTER

TO:	Registration Section Division of Corporations
SURJI	CCT: Quantum Leverage LLC
50201	(Name of Limited Liability Company)
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Craig Allan Teich
	(Name of Person)
	Quantum Leverage LLC
	(Firm/Company)
	715 Bayshore Drive Suite 1004
	(Address)
	Fort Lauderdale, Florida 33304
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call: (954) 609-612-9
Crai	g Allan Teichat (_888
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	ed is a check for the following amount:
□ \$125.	00 Filing Fee \$\bigsquare\$
	Mailing AddressStreet/Courler 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 is:	
Quantum Leverage LLC. (Must end with the words "Limited Liability)	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
715 Bayshore Drive Suite 1004 Fort Lauderdale, FL 33304	715 Bayshore Drive Suite 1004 Fort Lauderdale, FL 33304
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the reconstruction Craig Allan Teich	egistered agent are:
Name 715 Bayshore Drive	e, Suite 1004 ess (P.O. Box NOT acceptable)
Fort Lauderdale, City, State, an	FL 33304
liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited its certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):The name and address of each Manager or Managing Member is as follows:

<u> Title:</u> "MGR" = Mar	nager	Name and Address:
	lanaging Member	
MGRM		Craig Allan Teich
		715 Bayshore Drive #1004
		Fort Lauderdale, FL 33304
MGRM		Jennifer Teich
		715 Bayshore Drive #1004
		Fort Lauderdale, FL 33304
MGRM		Harold Teich
		4136 S. Lindbergh
		Sunset Hills, MO 63127
MGRM		H Jean Johnson
		333 North Canal
		Chicago, IL 60606
CLE V: Effective date is 0 days after the	listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days price
<u>REQUIRED</u>	SIGNATURE:	2 -0-1-1
REQUIRED		mig Leich
REQUIRED		aug Scich or or an authorized representative of a member.
REQUIRED	Signature of a member	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
REQUIRED	Signature of a member (In accordance with second this document constituted that the facts stated here)	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

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)