100065807

(Requestor's Name) (Address)	7001572273	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	06/29/090103000 ·	
(Business Entity Name) (Document Number)		
. Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



327

**125.00

T. HAMPTON

JUL - 9 2009

EXAMINER

COVER LETTER

	f Corporations			
SUBJECT:	Total Quality Management, LLC			
		ed Liability Company		
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.		
Please return all cor	respondence concerning this mat	ter to the following:		
	Kimbe	erly Mullins-Spano		
		Name of Person		
	Total Qua	lity Management, LLC		
	Firm/Company			
	194 Minorca Avenue			
		Address		
	Coral	Gables, FL 33134		
	Cit	y/State and Zip Code		
		msls@aol.com		
	E-mail address; (to be used	for future annual report notification)		
For further informat	ion concerning this matter, pleas	e call:		
	rly Mullins-Spano	at (305) 345-4464		
N	ame of Person	Area Code & Daytime Telephone Number		
Enclosed is a chec	k for the following amount:			
☑ \$125.00 Filing F	ce \$\int\\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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		



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 JUL -8 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 30, 2009

KIMBERLY MULLINS-SPANO 194 MINORCA AVE CORAL GABLES, FL 33134

SUBJECT: TOTAL QUALITY MANAGEMENT, LLC

Ref. Number: W09000030286

We have received your document for TOTAL QUALITY MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is M64879 (TOTAL QUALITY MANAGEMENT, INC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 609A00022390

Registration/Qualification Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
(Must end with the words "Limited Liabil	DEX VILES L. L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
194 Minorca Avenue	194 Minorca Avenue			
Coral Gables, FL 33134	Coral Gables, Fl. 33134			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)				
The name and the Florida street address of the r	registered agent are:			
Paul Ku	upfer			
Name				
5541 North Uni	5541 North University Drive			
Florida street address (P.O.	Florida street address (P.O. Box NOT acceptable)			
	Coral Springs, FL 33067 FL			
City, State, and Zip				
Having been named as registered agent and to	accept service of process for the above stated limited			

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)

SECRETARY OF STATE DIVISION OF CORPORATIONS

09 JUL -8 AM 8: 37

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>		Name and Address:	
"MGR" = Mana "MGRM" = Mar			
MORM — Ma	naging Member		
MGRM		Kimberly Mullins-Spano	
		194 Minorca Avenue	
		Coral Gables, FL 33134	
MGRM		Eugene Spano	
		194 Minorca Avenue	
		Coral Gables, FL 33134	
<i>(</i> 11	·c \	 	
(Use attachment	ir necessary)		
ICLE V: Effective	date, if other than the da	ate of filing: (OPTIONAL)	
effective date is li	sted, the date must be s	pecific and cannot be more than five business days prior	
90 days after the d	ate of filing.)		
REQUIRED SI	CNATURE:		
ILDQUIALD OF			
temb m			
	Signature of a member of	or an authorized representative of a member.	
	(In accordance with section of this document constitution that the facts stated herein	on 608.408(3), Florida Statutes, the execution tees an affirmation under the penalties of perjury n are true.)	
	Kim	Kimberly Mullins-Spano	
		d or printed name of signee	
Filing Fees	<u>ii</u>		

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE DIVISION OF CORPORATIONS