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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : 120030000043  
Phone : (800) 342-9856  
Fax Number : (800) 354-3381

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

QW.CFL LLC

Certificate of Status	0
Certified Copy	0
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EXAMINER

(H090W2135153)

No 4034 P 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

QW.CFL LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6186 N. BAYFRONT DRIVE  
HERNANDO, FL 34442

6186 N. BAYFRONT DRIVE  
HERNANDO, FL 34442

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 business entity with an active Florida registration.)

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

RONALD DEMILT

Name


6186 N. BAYFRONT DRIVE

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

HERNANDO, FL 34442 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)

(CONTINUED)

(H090W2135153)

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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 \_\_\_\_\_

RONALD DEMILT  
6186 N. BAYERONT DRIVE  
HERNANDO, FL 34442

MGRM \_\_\_\_\_

ZORIANNA DEMILT  
6186 N. BAYERONT DRIVE  
HERNANDO, FL 34442

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

RONALD DEMILT

\_\_\_\_\_  
Typed or printed name of signee

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