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(Address)
,
(Address)
(City/State/Zip/Phone #)
•
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
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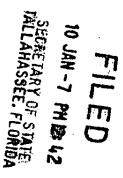
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EFFECTIVE DATE 1/01/2010



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01/07/10--01020--007 **125.00



D. BRUCE

JAN -8 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT:
The end	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	LORI OLIAR Name of Person
-	Quality Home Connections LLC
_	1992 Hawkcrest DRIVE
	Jacksonville FL 30259 = 3
_	City/State and Zip Code LOSA y 62 2 Com cest, net E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
<u></u>	Name of Person at (904) 759-328
Enclose	ed is a check for the following amount:
3 \$125.0	O Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Pow 6327 Cliffon Publisher Cliffon Publisher Cliffon Publisher

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

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 Liability (Convections LCC Company,""L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1992 Howkcrostion Jackson VILE FC 32259	1992 Howkcrest DR JACKSONVILLE, FL 32259
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	ffice, & Registered Agent's Signature: Agent. You must designate an individual or another
The name and the Florida street address of the regi	stered agent are:
LORI Oly	Pr Sign - F
Florida street address (P.O. Box JACKSON VILLE FI City, State, and 2	L 30259
Having been named as registered agent and to accelliability company at the place designated in this registered agent and agree to act in this capacity. I statutes relating to the proper and complete perfor accept the obligations of my position as registered. Registered Agent's Signature (CONTINUE)	certificate, I hereby accept the appointment as further agree to comply with the provisions of all rmance of my duties, and I am familiar with and ed agent as provided for in Chapter 608, F.S (REQUIRED)

EFFECTIVE DATE / 01/2010

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:

"MGR" = Manager	
	L
"MGRM" = Managing Memi	Deti-
MGRM	Lori Olijer
<u> </u>	
	1992 Houserost DR
	JACKECH WILE, FC 3225
	,
LE V: Effective date, if other	than the date of filing: /// /2010. (OPTIONAL)
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: ///2010. (OPTIONAL) must be specific and cannot be more than five business days
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: ///2010. (OPTIONAL) must be specific and cannot be more than five business days
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ffective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of	than the date of filing:
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of (In accordance)	than the date of filing:
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REOUIRED SIGNATURE: Signature of this documents of this documents.	than the date of filing: must be specific and cannot be more than five business days member or an authorized representative of a member. when the section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REOUIRED SIGNATURE: Signature of this documents of this documents.	than the date of filing: must be specific and cannot be more than five business days member or an authorized representative of a member. when the section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury
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Page 2 of 2

\$ 5.00 Certificate of Status (Optional)