400000007076

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W10 100000875

Office Use Only

EFFECTIVE DATE 1 01 2010



300163682083

01/07/10--01020---006 *+125.00

10 JAN -7 PM 4: 36
SECRETARY OF STATE

D. BRUCE
JAN 2 0 2010
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	CT:		
	losed Articles of Organization and fee(s) are submitted for filing.		
Please re	eturn all correspondence concerning this matter to the following:		
	LORI OliJAR		
_	Name of Person		
	Quality Connections LLC.		
_	Firm/Company	•	
	1992 Hawkcrest Drive	·	
_	Address ≥ or	ਰ	
_	JACKSONVIllE, PL 32259 EFF	NA.	
	City/State and Zip Code LORI D Quelity Convertions USA. Com	-	ر در
	E-mail address: (to be used for future annual report notification)	-⊋ ļ	•
For furth	ner information concerning this matter, please call:	4: 36	
	LORI Oliver #1 904, 759-3282	•	
	Name of Person Area Code & Daytime Telephone Number		
Enclose	ed is a check for the following amount:		
	O Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\\ \bigcup \\$160.00 Filing Fee, \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\\ \end{additional copy is enclosed}\$\\)	
	Malling Address Street/Courier Address Registration Section Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2010

. 4

LORI OLIJAR 1992 HAWKCREST DRIVE JACKSONVILLE, FL 32259

SUBJECT: QUALITY CONNECTIONS LLC

Ref. Number: W1000000875

We have received your document for QUALITY CONNECTIONS 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.

Please return 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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 410A00000614

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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 Company)	USA STLLC any," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address: Maili	ing Address:
1992 Hawkerest DR 19 JACKSON WILE, FC 32259 J	192 Henkorest DR 1Acksonville, FL 32259
ARTICLE III - Registered Agent, Registered Office. (The Limited Liability Company cannot serve as its own Registered Agent business entity with an active Florida registration.) The name and the Florida street address of the registere Name 1972 Houlder Florida street address (P.O. Box NO TACKSON ILE FL City, State, and Zip	ed agent are: ORUE ANDROE A
Having been named as registered agent and to accept so liability company at the place designated in this certific registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performant accept the obligations of my position as registered agent agent's Signature (REQ (CONTINUED)	ificate, I hereby accept the appointment as her agree to comply with the provisions of all accept my duties, and I am familiar with and gent as provided for in Chapter 608, F.S.

EFFECTIVE DATE 1 01 3010

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" = Manager	Name and Address:	
"MGRM" = Managing Member	LORI OliJAR 1992 Hawkerest Drive JACKSONVILE, FL 32259	
(Use attachment if necessary)		
RTICLE V: Effective date, if other the an effective date is listed, the date more 90 days after the date of filing.)	an the date of filing:/ / \alpha \alpha \operatorname{\text{OPTIONAL}} oust be specific and cannot be more than five business days prior	
REQUIRED SIGNATURE:	member or an authorized representative of a member.	
(In accordance v	with section 608.408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury	<u> </u>
Filling Fees:	Typed or printed name of signee	3
\$125.00 Filing Fee for Articles of Registered Agent	- April 1 April 1	