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FILED

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SECRETARY OF STATE ORID

J. BRYAN

FEB % 5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BEST By Quality Kitchers, LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following: Arthur R. Quinn Name of Person
Arthur R. Quinn
Name of Person
Please return all correspondence concerning this matter to the following: Arthur R. Quinn Name of Person Best Buy Quality Kitchens, LLC. Firm/Company
Firm/Company 55
~
2645 Hwy 98 W
Address
•
Mary Esther, Florida 32569
City/State and Zip Code
aq2000@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Aprthur 2. Quinn at (850) 582-6954 Name of Person Area Code & Daytime Telephone Number
Name of Ferson
Enclosed is a check for the following amount:
\$\frac{1}{2}\$\$125.00 Filing Fee \text{ \$\text{S155.00 Filing Fee & Certificate of Status}}\$\$Certificate of Status \text{ \$\text{Certified Copy (additional copy is enclosed)}}\$\$\$Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FI	LORIDA LIMITED LIABILITY COMPANY 🔑 🗀
	是是
ARTICLE I - Name:	\$27 m
The name of the Limited Liability Company is:	· 资单主口
	Est is
Best Buy Quality K	Citchens, LLC.
(Must end with the words "Limited Liabi	
ARTICLE II - Address:	
	rincipal office of the Limited Liability Company is:
The maining dudiess and salest address of the p	This par office of the Banksa Blacking Company to
Principal Office Address:	Mailing Address:
2645 Hwy 98 W	2645 Hwy 98 W
Mary Esther, Florida 32569	Mary Esther, Florida 32569
Widi y Estiloi, i loilog ozoos	Way Estilat, Fibrida 32303
(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 i	registered agent are: Effective Date Oa 20 10
Arthur R.	and the second s
Name	
2645 Hw	y 98 W
Florida street address (P.O	. Box NOT acceptable)
Mary Esther, Florida 32	5 FL
City, State, a	and Zip
Having heen named as registered agent and to	accept service of process for the above stated limited
	this certificate, I hereby accept the appointment as
	ty. I further agree to comply with the provisions of all
statutes relating to the proper and complete pe	erformance of my duties, and I am familiar with and
accept the obligations Af my position as regi	istered agent as provided for in Chapter 608, F.S

Page 1 of 2 (CONTINUED)

Registered Agent's Signature (REQUIRED)

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

11 (CD! - 1 (Name and Address:	72 C
"MGR" = Manager		-9
"MGRM" = Managing Member		五五
MGR	Arthur R. Quinn	SSE
	2645 Hwy 98 W	4
	Mary Esther, Florida 32569	SECRETARY OF STATE
MGRM	Bridget Quinn Hilliard	
	2645 Hwy 98 W	D
	Mary Esther, Florida 32569	
(Han ottock word if words -)		
Use attachment if necessary)		
LE V: Effective date, if other than the	e date of filing: February 20, 2010 . (C	
LE V: Effective date, if other than the fective date is listed, the date must b	e date of filing: February 20, 2010 (Coe specific and cannot be more than five bus	
LE V: Effective date, if other than the fective date is listed, the date must b		
LE V: Effective date, if other than the fective date is listed, the date must b days after the date of filing.)		
LE V: Effective date, if other than the fective date is listed, the date must b days after the date of filing.) REQUIRED SIGNATURE:	e specific and cannot be more than five bus	
LE V: Effective date, if other than the fective date is listed, the date must b days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	e specific and cannot be more than five bus	
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document cons	e specific and cannot be more than five buse of an authorized representative of a member.	
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signifure of a member (In accordance with se	e specific and cannot be more than five buse an authorized representative of a member.	
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signifure of a member of this document constitution that the facts stated here	e specific and cannot be more than five buse of an authorized representative of a member.	

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