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D. BRUCE

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EXAMINER

COVER LETTER

TO:	Registration Division of C				
CHDIE	·CT·	Quick Real I	Estate Solu	tions, LLC	
SUBJE	.cr:		ted Liability Comp		
The en	closed Articles	of Organization and fee(s) are	submitted for filin	g.	
Please	return all corres	spondence concerning this mat	ter to the following	g:	
		Не	lena Robita	ille	
			(Name of Person)		
		Quick Real		utions, LLC	
			(Firm/Company)		
		655	SW Jaffe	Ave.	
			(Address)		Din y a .
		Port Sai	int Lucie, Fl	_ 34953	10 HAR
•		(Cit	y/State and Zip Code	e)	AR -
For furt	her information	n concerning this matter, please	e call:		SEE, F
	Helena	Robitaille	_ _{at (_} 772	971-2507	3: IS STATE LORID
	(Narr	ne of Person)		le & Daytime Telepho	ne Number)
Enclos	ed is a check t	for the following amount:			
]\$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional copy	py Ce y is enclosed) Ce	60.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address ion Section of Corporations duilding ecutive Center Circle see, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Quick Real Estate Solutions, LLC (Must end with the words "Limited Liabil	lity Company, "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:
655 SW Jaffe Ave. Port Saint Lucie, FL 34953	655 SW Jaffe Ave. Port Saint Lucie, FL 34953
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	registered agent are:
Helena Ro	bitaille SSA 3
Name	FS R M
655 SW Ja	ffe Ave.
Florida street add	dress (P.O. Box NOT acceptable)
Port Saint Lucie	
City, State, a	and Zip
liability company at the place designated in t registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all processing of my duties, and I am familiar with and

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..

Helena Rob Haille
Registered Agent's Signature (REQUIRED)

(CONTINUED) 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:

W (CD) (Name and Address:
"MGR" = Mana "MGRM" = Ma	ager anaging Member	
MGRM		Helena Robitaille
		655 SW Jaffe Ave.
		Port Saint Lucie, FL 34953
		
	The state of the s	· · · · · · · · · · · · · · · · · · ·

(Use attachmen	t if necessary)	•
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LE V: Effective ffective date is lid days after the d	date, if other than the sted, the date must be late of filing.) IGNATURE: Signature of a member of this document constitute that the facts stated	Robifculle per or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)