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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

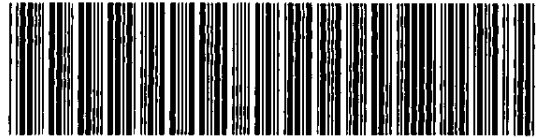
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10 MAR 23 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1-3662

J. BRYAN

MAR 24 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quintesensual, 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:

Hillary F. Williams
Name of Person

Quintesensual, LLC
Firm/Company

P.O. BOX 2681
Address

Winter Park, FL 32790
City/State and Zip Code

winhillary@gmail.com
E-mail address: (to be used for future annual report notification)

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10 MAR 23 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Hillary F. Williams at (407) 644-7641
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2010

HILLARY F. WILLIAMS
QUINTESENSUAL, LLC
PO BOX 2681
WINTER PARK, FL 32790

SUBJECT: QUINTESENSUAL, LLC
Ref. Number: W10000003662

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10 MAR 23 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for QUINTESENSUAL, 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 810A00001939

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

QUINTESENSUAL, LLC

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

ARTICLE II-Address:

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

Principal Office Address:

300 CAROLINA AVENUE
UNIT 101C
WINTER PARK, FL 32789

Mailing Address:

300 CAROLINA AVENUE
UNIT 101C
WINTER PARK, FL 32789

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve at its own Registered Agent. You must designate an individual or another business entity with an active Florida registration)

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

HILLARY F. WILLIAMS

Name

300 CAROLINA AVENUE UNIT 101C

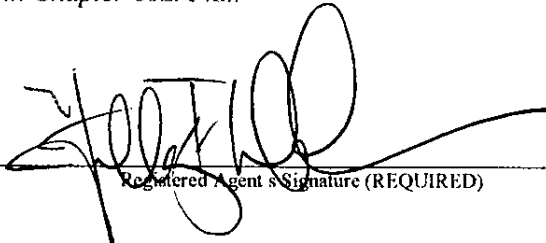
Florida street address (P.O. Box NOT acceptable)

WINTER PARK, FL 32789

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 60S, F.S..



Registered Agent Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager "

MGRM" = Managing Member

MGRM

HILLARY F. WILLIAMS

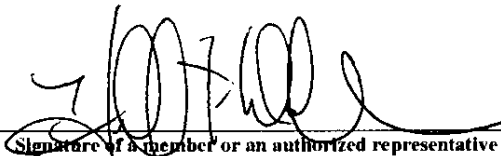
300 CAROLINA AVENUE UNIT 101C

WINTER PARK FL, 32789

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.)

HILLARY F. WILLIAMS

Typed or printed name of signer

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA