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TO NOV -4 AM ME 14

J. BRYAN

NOV -4 2010

**EXAMINER** 

# **COVER LETTER**

*i,* •

٠, ١	TO: Registration Section Division of Corporations	
	SUBJECT: QEE LIQUOYS  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:	
	Eddie J. Cunningham  Name of Person	-
	PE LIQUOTS  Firm/Company	•
	1815 Tamarind Ave	
	West Palm Beach FL 33407  City/State and Zip Code  MrEQ43 & GOL. Com  E-mail address: (to be used for future annual report notification)	
	For further information concerning this matter, please call:	
	Eddie Cunningham at (56) 543 - 9 648  Name of Person at (56) 543 - 9 648  Area Code & Daytime Telephone Number	
V	Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$  Certificate of Status \$\times \text{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$  \$125.00 Filing Fee \$\times \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

Tallahassee, FL 32314

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 worlds "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
929 Andrews Rd 12 West Palm Bah, FL 33405	1815 Tamarınd Ave West Palm Beach, FL 33407
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the research Lagrangian Street address of the research Lagrangian Street Street Lagrangian Lagrangian Street Lagrangian Lagrangia	egistered agent are:
	ress (P.O. Box NOT acceptable)
West Palm Boach City, Stat	1 <sub>FL</sub> 33407 te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR_	Eddie Cunningham
	Westrain Boach, FL 33405
MGRM	aijana Lowe
•	13700 capital ar SE Apt 124 Tallahassae FL 32311
(Use attachment if necessary)	
CLE V: Effective date, if other than th	ne date of filing: (OPTIONAL)
effective date is listed, the date must 90 days after the date of filing.)	be specific and cannot be more than five business days pri
20 days after the date of ming.)	
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Eddie J. Cunningham
Typed or printed name of gignee

### 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)