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| PICK-UP WAIT MAIL | |
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Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: A Q L , L C 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: |
| MITCHELL H. KATLER Name of Person |
| Name of Person |
| AQL, LLC |
| Firm/Company |
| 12160 NW 7th STREET |
| Address |
| Plantation, FL 33325 City/State and Zip Code |
| |
| MhKa+leva act. (om E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| MITCHELL H KATLER at (954) 801-0018 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} Certified Copy (addi |
| Mailing Address Street/Courier Address |

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "Ll.C.")

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

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

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

business entity with an active Florida registration.)

The name of the Limited Liability Company is:

| The name and the Florida street address of the registered agent are: | | | |
|--|---------------------------------|-------------------------|---------------------|
| MITCHELL H. KATIER | | | |
| Name | | | |
| MITCHELL H. KATIER Name 12160 NW 7th STREET | | | |
| Florida street address (P.O. Box NOT acceptable) | | | |
| PLANTATION, FL 33325 City, State, and Zip | | | |
| City, State, and Zip | | | |
| Having been named as registered agent and to accept service of process for the all liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Change | appoint he provi familiar | tment isions with | as of all and |
| Registered Agent's Signature (REQUIRED) | | | |
| (CONTINUED) | SECREB TALLAHA | 19 DEC | |
| Page 1 of 2 | | -6 PM | |

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 | |
| MG-R | MITCHELL H. KATLER 12160 NW 7th STREET DIANTATION FL 33325 |
| MGRM | ALEXANDER D. KATER 140 WEST GORHAM STRUT, #206 MADISON, WE 53703 |
| MGRM | QUINTONS. KATIER 12160 NW 7TH STREET |
| MGRM | LUCAS A. KATIER 12160 NW 7th STRUE PLANTATION, FL 33325 |
| | |

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 15, 201 (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. 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.)

MITCHELL H. KATLER
Typed or printed name of signee

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)