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SLCRETARY OF STATE
ALLAHASSEE FIGURE

COVER LETTER

	tion Section of Corporations
SUBJECT: QU	uality Property Preservation, LLC
	Name of Limited Liability Company
The enclosed Arti	cles of Organization and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
Janice	e Hartvigsen
	Name of Person
Qualit	y Property Preservation, LLC
	Firm/Company
7436	Quaker St.
	Address
Englew	rood, FL 34224
5 11	City/State and Zip Code
RHartvi	g@aol.com E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Janice Hartv	rigsen at (941) 475-3603
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a che	eck for the following amount:
\$125.00 Filing Fe	Status Certificate of Status Certified Copy (additional copy is enclosed) Status Certified Copy (additional copy is enclosed) Status & 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 FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is.
The name of the Elimed Elability Company	15.
Quality Property Preservatio	n, LLC
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7436 Quaker St Englewood, FL 34224	7436 Quaker St. Englewood, FL 34224
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Janice Hartvigsen	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another he registered agent are:
Nai	me me me
7436 Quaker St	
Florida street	
Englewood	FL 34224

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 608, F.S..

City, State, and Zip

.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

Title:		Name and Address:
"MGR" = M	_	
"MGRM" =	Managing Member	
MGRM		Janice Hartvigsen
		7436 Quaker St.
		Englewood, FL 34224
MGRM		Cody Hartvigsen
		7436 Quaker St.
		Englewood, FL 34224
		4
	 -	
(Use attachr	ment if necessary)	
IFV. Effec	ativa data if athan than the	data of fling. (OPTION)
		e date of filing: (OPTIONAte specific and cannot be more than five business day
	he date of filing.)	e specific and cannot be more than five business da,
•	<i>,</i>	
DECLUDE	D CLONATUDE.	
REQUIRE	<u>D</u> SIGNATURE:	
	j r	
	Janes	then tigen
	Signature of a memb	er or an authorized representative of a member.
		8.408(3), Florida Statutes, the execution of this document
c I	am aware that any false infor	er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State
c		** ** * * * *****
•	constitutes a third degree felon	y as provided for in s.817.155, F.S.)
•	constitutes a third degree felon Janice Hartviç	

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)