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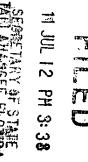
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Special Instructions to Filing Officer:
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EXAMINER

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COVER LETTER

Registration Section

TO:

Division of Corporations Q's World LLC SUBJECT: 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: Suzan Lynne Steyer Q's World LLC Firm/Company 2904 St John Drive Clearwater, Florida 33759 City/State and Zip Code clwgrits@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Suzie Stever at (727) 723 8140

Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & **√**\$155.00 Filing Fee & \$160.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

APTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

ARTICLES OF UKGANIZATION FO	K FLORIDA LIVITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compar	ny is:
Q's World	LLC
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Q's World LLC 2904 St John Drive	Q's World LLC 2904 St John Drive
Clearwater, Florida 33759	Clearwater, Florida 33759
	n Steyer Name St John Drive
	eet address (P.O. Box NOT acceptable)
Clearwater	FL 33759
Ci	ity, State, and Zip
liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple	nd to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 608, F.S.
Registered Agent's S	My Stayes Signature (REQUIRED)
(CON	TINUED)
Page	elof2

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

10

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

0	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Suzan Steyer
 	2904 St John Drive
	Clearwater, Florida 33759
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• •	the date of filing: . (OPTION
fective date is listed, the date mus days after the date of filing.)	the date of filing: (OPTION to be specific and cannot be more than five business dates
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LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.)	
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LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	the specific and cannot be more than five business da
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a ment of the date of the date of the date of filing.	et be specific and cannot be more than five business da
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a ment of the date of the date of the date of filing.	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)