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COVER LETTER

TO:	Registration So Division of Con							
SUBJE	_{CT:} QT KF	REATIONS, LLC	;					
		Name of Limi	ted Liab	ility Company				
The encl	losed Articles of	Organization and fee(s) are	submitte	ed for filing.				
Please re	eturn all correspo	ondence concerning this ma	tter to the	following:				
ŀ	Karla Huf	fman						
<u>-</u>	taria i rai	- Tricking	Name o	f Person				_
_			Firm/C	ompany				<u>-</u>
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Μ	liami, Flor							= [
k	chuffman@d	cı d wl-law.com	ity/State a	nd Zip Code			ATE RIDA	⇒
		E-mail address: (to be used	for future	annual report n	otification)			_
For furth	ner information o	concerning this matter, pleas	se call:					
Julie (Christman		at (3	03 、5	94-4400			
	Name o	f Person	ai (Area Code & I		phone Number	r	
Enclose	ed is a check for	r the following amount:						ţ
\$125.00 1	Filing Fee 🔽	\$130.00 Filing Fee & Certificate of Status	└└ Ce	55.00 Filing F rtified Copy ditional copy is	_	Certificate Certified (Filing Fee, e of Status & Copy copy is enclose	ኒ
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street/Couri Registration S Division of C Clifton Build 2661 Execut Tallahassee,	Section Corporations ling ive Center C		,	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
QT KREATIONS, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:		
1638 Nocatee Drive	1638 Nocatee Drive		
Miami, Florida 33133	Miami, Florida 33133		

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 business entity with an active Florida registration.)

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

Melissa Manresa		20H
1	Name	
550 Biltmore V	Vay, #810	TA:
Florida stre	eet address (P.O. Box NOT acceptable)	CC C
Coral Gables	_{FL} 33134	
C	ity, State, and Zip	I; O TATE ORIDA

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Karla Huffman	SECRETAL SECRETAL SECRETAL
1638 Nocatee Drive	5,5
Miami, Florida 33133	M ~ 78
	TOF 3
	•
e date of filing:	(OPTIONA)
	1638 Nocatee Drive

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.)

Karla Huffman

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)