

**L11000114411**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400212934084

10/05/11--01023--018 \*\*155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 OCT -5 AM 10:15

FILED

C. LEWIS

OCT 6 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Quarater-Deck, LLC.

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:

Craig M. Oberweger, Esq.

Name of Person

Schwartz White & Oberweger

Firm/Company

2000 Glades Road, Ste 208

Address

Boca Raton, Florida 33431

City/State and Zip Code

craigo@swo-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Oberweger

Name of Person

at ( 561 ) 8592561

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### Mailing Address

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### Street/Courier Address

Registration Section  
Division of Corporations  
Clifton Building  
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:

Quarater-Deck, 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:**

751 Park of Commerce Drive

Ste. 118

Boca Raton, FL 33487

**Mailing Address:**

751 Park of Commerce Drive

Ste. 118

Boca Raton, FL 33487

**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:

Craig M. Oberweger, Esq.

Name

2000 Glades Road, Ste 208

Florida street address (P.O. Box **NOT** acceptable)

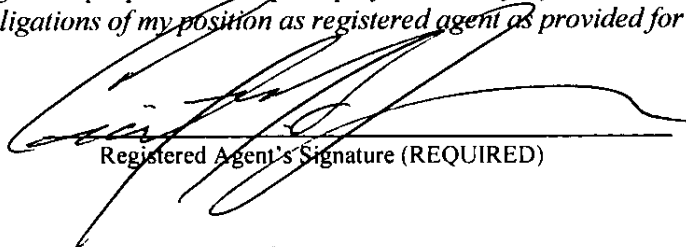
Boca Raton

FL 33431

City, State, and Zip

FILED  
2011 OCT -5 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Joseph Harch  
7350 NE 8th Drive  
Boca Raton, FI 33487

MGR

Anne-Charlotte Kiepe  
7350 NE 8th Drive  
Boca Raton, FI 33487

\_\_\_\_\_

\_\_\_\_\_

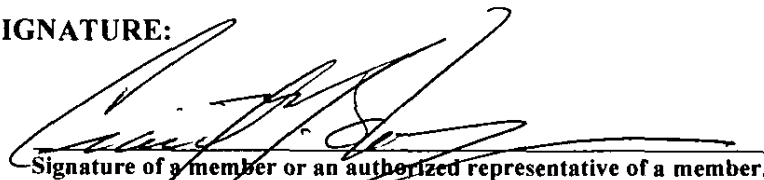
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9/28/2011. (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.)

Craig M. Oberweger, Esq.

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)

FILED

2011 OCT -5 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA