(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
	·	
Certified Copies	Certificates	of Status
	_	
<u> </u>		
Special instructions to	Filing Officer:	

Office Use Only



900214888139

12/08/11--01024--009 **160.00

J. SAULSBERRY EXAMINER DEC 9 2011

COVER LETTER

Division of Corporations
SUBJECT: Quality Exotic BiRdS LLC Name of Limited Liability Company
7A S 73
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROSEANN CARLINO TO BE SON Name of Person
Quality Exotic Birds LEE 5
4033 HANGING MOSS LOOP
Spring Hill Florida 34609 City/State and Zip Code J. CARLING & TAMOA BAY. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROSCANN CARLINO at (352) 835-4040 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

Quality Exotic Birds 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:
Quality Exotic Birds Unality Exotic Birds Unality Exotic Birds Unality Exotic Birds H033 Honging Moss Loop Spring Hill Florida 34609 Spring Hill Florida 34609
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 anothe business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: ROSEANN CARLINO Name HASSEL B Florida street address (Plo. Box NOT acceptable) Spring Hill FL 34609 City, State, and Zip
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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	0	
MGR_	KOSEANN CARLINO HO33 HANGING MOSS LOOF SOCIONE HILL FL. 34609	0
MGRM	Joseph A. CARLINO 4033 Honging Moss Loux	2
	spring Hill PL. 34609	
		201
	S S	DFC -8 A
	<u></u>	ີ 1 ວວ 1
(Has attack mont if managem)		
(Use attachment if necessary) CLE V: Effective date, if other than a second content of the date must be seen to be seen	n the date of filing: (OPTION	ي ي الآلا)
CLE V: Effective date, if other that ffective date is listed, the date multiple days after the date of filing.)	LORITATE -	ي ي الآلا)
CLE V: Effective date, if other that fective date is listed, the date mu	n the date of filing: (OPTION	ις A(L)
CLE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	In the date of filing: (OPTION ust be specific and cannot be more than five business da	ις A(L)
CLE V: Effective date, if other than affective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a must describe the date of filing.	an the date of filing:	ις A(L)
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false	in the date of filing:	AL) Nys pric
CLE V: Effective date, if other than effective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree and the section constitutes at the degree of the section constitutes at the section const	n the date of filing:	AL) Nys pric
CLE V: Effective date, if other than affective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree section of the sect	n the date of filing:	9:
CLE V: Effective date, if other than ffective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree section of the constitutes at the degree of the constitutes at the c	In the date of filing:	9 (ACL) Nys price 2011 DEC -