

L12000053715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

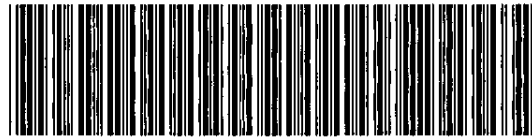
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR 19 PM 4: 54

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JUST QUALITY PAVERS LLC.**  
Name of Limited Liability Company

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DIVISION OF CORPORATIONS  
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The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**NILTON NASCIMENTO DA ROCHA**  
Name of Person

**JUST QUALITY PAVERS LLC.**  
Firm/Company

**4721 CHEVY PLACE**  
Address

**ORLANDO/ FLORIDA - 32811**  
City/State and Zip Code

**CONTACT@CONNECTIONTRANS.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**FLAVIO MELO** at ( **407** ) **470 5008**  
Name of Person 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**

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12 APR 19 PM 4:54

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**JUST QUALITY PAVERS 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:**

1212 S. HIAWASSEE RD # 527  
ORLANDO, FLORIDA 32835

4721 CHEVY PLACE  
ORLANDO, FLORIDA 32811

**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:

FLAVIO MELO  
Name

1212 S. HIAWASSEE RD # 527  
Florida street address (P.O. Box **NOT** acceptable)  
ORLANDO FL 32835  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

NILTON NASCIMENTO DA ROCHA

4721 CHEVY PLACE

ORLANDO, FLORIDA 32811

MGRM

REGINALDO ALVES FERREIRA

6190 WESTGATE DRIVE APT 201

ORLANDO, FLORIDA 32835

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**NILTON NASCIMENTO DA ROCHA**

\_\_\_\_\_  
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)**