L12000059808

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

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FILED 12 HAY - I PM 2: 00 SECRETARY OF STATE ALLAHASSEE, FLORIDA

C. LEWIS

YMAY 3, 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 19, 2012

RYAN FOX 1540 S. ATLANTIC AVE COCOA BEACH, FL 32931

SUBJECT: QUALITY CONTRACTORS LLC

Ref. Number: W12000021783

We have received your document for QUALITY CONTRACTORS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 012A00012203

COVER LETTER

TO:	Registration of	on Section Corporations		
SHRIE	_{сст.} Qua	ality Contractors LL	С	
30001			ed Liability Company	
The en	closed Article	es of Organization and fee(s) are	submitted for filing.	
Please	return all con	respondence concerning this mat	ter to the following:	
	Ryan F	ox		
•			Name of Person	
•			Firm/Company	_
	1540 S	. Atlantic Ave Cocoa	a Beach	
	10100	. /	Address	—
,	^aaaa D	aaah El 22024		
į	Jocoa B	each, Fl. 32931	y/State and Zip Code	_
	rfoxsurf@)hotmail.com	·	
-		E-mail address: (to be used to	or future annual report notification)	
For furt	ther informati	ion concerning this matter, please	e call:	
Ryan	Fox		at (321) 591-3470	
		me of Person	Area Code & Daytime Telephone Number	
Enclose	ed is a checl	k for the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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	

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: QU	ality Construction o	of Central Florida LL	C
		ted Liability Company	
	es of Organization and fee(s) are	<u> </u>	
Please return all co	rrespondence concerning this man	tter to the following:	
Ryan f	Fox		
***************************************		Name of Person	
		Firm/Company	
1540 S	6. Atlantic Ave.		
***************************************		Address	The state of the s
Cocoa E	Beach, Fl. 32931		
		ty/State and Zip Code	
noxsun@	Dhotmail.com E-mail address: (to be used)	for future annual report notification)	
For further informa	tion concerning this matter, pleas	•	
Ryan Fox		at (321 591-3470	
N	ame of Person	Area Code & Daytime Telep	hone Number
Enclosed is a chec	k 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 C	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RT	TCI		I _	No	me:
_		1 1	4			

The name of the Limited Liability Company is:

Quality Construction of Central Florida 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:	
1540 S. Atlantic Ave.	1540 S. Atlantic Ave.	
Cocoa Beach, FI	Cocoa Beach, Fl.	
32931	32931	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of the server is a server in the server in the server is a server in the server is a server in the server	n Registered Agent. You must designate an individu	al or another
Ryan Fox		
	Name	*S基 上 言
1540 S. Atlan	tic Ave.	TOF THE
Florida str	reet address (P.O. Box NOT acceptable)	ST,
Cocoa Beach	_{FL} 32931	M 2: 00 FLORIDA
C	City, State, and Zip	D

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

		12 MAY - 1 PM
Title:	Name and Address:	SECRETARY OF
"MGR" = Manager	·	TALLAHASSEE, F
"MGRM" = Managing Member	•	
MGRM	Ryan Fox	
	1540 S. Atlantic Ave.	· · · · · · · · · · · · · · · · · · ·
	Cocoa Beach, Fl. 32931	
MGRM	Jason Waterman	
	1800 S. Orlando Ave	· · · · · · · · · · · · · · · · · · ·
	Cocoa Beach, Fl. 32931	
	·	
		
(Use attachment if necessary)		•
(· · · · · · · · · · · · · · · ·		
	an the date of filing:	
· · · · · · · · · · · · · · · · · · ·	oust be specific and cannot be more the	an five business days p
days after the date of filing.)		
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:		
	nember or au authorized representative of a	

Filing Fees:

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

Ryan Fox

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

Typed or printed name of signee