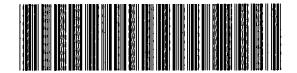
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D. BRUCE
JUN 2 5 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Quality Training Solutions, 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:		
Sheldon D. Goldstein		
Name of Person		
Quality Training Solutions, LLC		
Firm/Company		
5784 Doris Court		
Address		
Delray Beach, FL 33484		۷ <u>.</u> 0
City/State and Zip Code	JIN 12	55) 359
Shel_Goldstein@yahoo.com	- 72 (227 (3)
E-mail address: (to be used for future annual report notification)	\sim	다. 그
For further information concerning this matter, please call:		췯
Sheldon D. Goldstein at (317) 709-8891	3:42	OIVISION OF CORPORATIONS
Name of Person Area Code & Daytime Telephone Number	j j	Ä
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times 130.00 Filing Fee \$\times 155.00 Filing Fee \$\times 155.00 Filing Fee \$\times 160.00 Filing Fee	s &	

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 F	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
Quality Training Solutions	s, LLC
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5784 Doris Court	5784 Doris Court
Delray Beach, FL 33484	Delray Beach, FL 33484
	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
Sheldon D. Gold	stein Name Name Pourt
	Name S
5784 Doris C	Court \sim \tilde{z}

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..

City, State, and Zip

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

_{FL} 33484

Registered Agent's Signature (REQUIRED)

Delray Beach,

(CONTINUED)

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

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

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after the date of filing.) OUIRED SIGNATURE:	(OPTIONAL nnot be more than five business days
Signature of a member or an authorize	•
	rangeantative of a mamban
	representative of a member.
(In accordance with section 608.408(3), Florida S constitutes an affirmation under the penalties of p I am aware that any false information submitted i	a document to the Department of State
(In accordance with section 608.408(3), Florida S constitutes an affirmation under the penalties of p	itutes, the execution of this document rjury that the facts stated herein are true. a document to the Department of State

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)