

L12000089102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

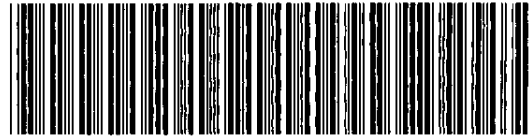
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JUL - 9 2012

EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL -5 PM 3:53

TRANSMITTAL LETTER

TO: REGISTRATION SECTION
DIVISION OF CORPORATIONS

SUBJECT: QUALITY SERVICES BY AJA LLC

THE ENCLOSED ARTICLES OF ORGANIZATION AND FEE(S) ARE SUBMITTED FOR FILING.

PLEASE RETURN ALL CORRESPONDENCE CONCERNING THIS MATTER TO THE FOLLOWING:

QUALITY SERVICES BY AJA LLC
C/O ANTHONY J ARTUSA
976 SABAL DRIVE GROVE
ROCKLEDGE, FL 32955

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FOR FURTHER INFORMATION CONCERNING THIS MATTER, PLEASE CALL:

ANTHONY J ARTUSA 321-720-5053

ENCLOSED IS A CHECK FOR THE FOLLOWING AMOUNT:

<input type="checkbox"/> \$125.00 FILING FEE	<input checked="" type="checkbox"/> \$130.00 FILING FEE & CERTIFICATE OF STATUS	<input type="checkbox"/> \$155.00 FILING FEE & CERTIFIED COPY*	<input type="checkbox"/> \$160.00 FILING FEE CERTIFICATE OF STATUS & CERTIFIED COPY*
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*(ADDITIONAL COPY ENCLOSED)

STREET ADDRESS:

REGISTRATION SECTION
DIVISION OF CORPORATIONS
409 E. GAINES STREET
TALLAHASSEE, FL 32399

MAILING ADDRESS:

REGISTRATION SECTION
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE 1- NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

QUALITY SERVICES BY AJA LLC

ARTICLE II - ADDRESS

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

PRINCIPAL OFFICE ADDRESS

976 SABAL GROVE DRIVE
ROCKLEDGE FL 32955

MAILING ADDRESS

976 SABAL GROVE DRIVE
ROCKLEDGE FL 32955

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE:**

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

ANTHONY J ARTUSA

976 SABAL GROVE DRIVE

ROCKLEDGE, FL 32955

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

FILED STATE
SECRETARY OF CORPORATION
DIVISION OF CORPORATION
12 JUL -5 PM 3:53

**ARTICLE IV - MANAGER(S) OR MANAGING MEMBER IS AS
FOLLOWS:**

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

TITLE:	NAME & ADDRESS
"MGR"= MANAGER	
"MGRM= MANAGING MEMBER	
MGR	ANTHONY J ARTUSA 976 SABAL GROVE DRIVE ROCKLEDGE, FL 32955
MGRM	
MGRM	

NOTE: AN ADDITIONAL ARTICLE MUST BE ADDED IF AN EFFECTIVE DATE IS REQUESTED.

REQUIRED SIGNATURE:ANTHONY J ARTUSA

x 

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.)

ANTHONY J. ARTUSA
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)