L12000095635

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
•	•	
(Cib.,	(Chaha (7):= (D):= =	- 40
(City)	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
·		
Certified Copies	Cartificates	of Status
Ceranea Copies	Certificates	o o otatus
Special Instructions to F	iling Officer:	

Office Use Only

B. KOHR

JUL 24 2012

EXAMINER



700237422767

07/25/12--01001--006 **125.00

12 JUL 24 PM 3: 14
SEGRETARY OF STATE
ALL MASSES FROM STATE

CHANGE OF STATE OF ST

COVER LETTER

4.

Registration Section

TO:

Ţ

	Division of Comporations,
	SUBJECT: Duick's Custon Woodwork and Design 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:
	Please return all correspondence concerning this matter to the following:
	Dan Quich 3
	Name of Person
	Quick's Custom Woodwork and Design LLC.
	128 Broken Bow Tel. Crawfordville 71.30327
	CRawfordville 71, 30307 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
	Name of Person at (750) 210 - 7737 Area Code & Daytime Telephone Number
	Enclosed is a check for the following amount:
[]	\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy (additional copy is enclosed)}\$\$ 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:	
Quick's Custon Woo (Must end with the words "Limited Liability	Sompany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
128 Broken Bow TEL	\circ \wedge \circ \circ
Crawfordville 71.	- SAME
3939)	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Dan Qu	egistered agent are:
Name	7
128 BROKE	
Crawforduille	
City, Sta	ite, 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)

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Membe	Name and Address:
MERM	Don Quich 128 Broken Bow Tel. Crawford wile 71. 3338
Use attachment if necessary)	, 1
EV: Effective date, if other the date is listed, the date in	nan the date of filing: 7/34/12 (OPTIO
EV: Effective date, if other the detective date is listed, the date in days after the date of filing.)	
EV: Effective date, if other the detive date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other the detective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmation I am aware that any false)	nust be specific and cannot be more than five business Davie Quick

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