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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

N. Culligan: FEB 15 2013

COVER LETTER

`TO:	Registration Section Division of Corporations			
SUBJE	QUI	TE NERD LLC		
50.001		ted Liability Company		
The en	aclosed Articles of Organization and fee(s) are	submitted for filing.		
Please	return all correspondence concerning this ma	tter to the following:		
	Julia Gı	reenberg-Aguilar		
	MA-1 10 A			
MyUSAcorporation.com Firm/Company				
40 Exchange Place STE 1301				
	Address			
	New York, NY 10005			
		City/State and Zip Code		
	E-mail address: (to be used	Iveau@gmail.com for future annual report notification)		
For fur	ther information concerning this matter, pleas	•		
	Julia Greenberg-Aguilar	at (877) 330-2677		
	Name of Person	Area Code & Daytime Telephone Number		
Enclos	sed is a check for the following amount:			
\$125.00	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Status & 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		



2/8/2013

Division of Corporations

Re: Apostille Request

For: QUITE NERD LLC

Dear Sir or Madam,

 Enclosed please find Articles of Organization and Certified Copy Request as well as Certificate of Status for QUITE NERD LLC

Appropriate Fee of \$160.00 (Check # 7667) is enclosed.

2. After Articles are filed Please attach an Apostille to a Certified Copy and Certificate of Status (2 Apostilles), to be used in <u>GERMANY</u>.

Appropriate Fee of \$20.00 (Check # 7668) is enclosed.

Kindly return filed paperwork to:

MyUSAcorporation.com c/o Julia Greenberg-Aguilar 40 Exchange Place, Suite 1301 New York, NY 10005

Thank you for your cooperation.

Sincerely,

Julia Greenberg-Aguilar

Senior Manager

MyUSAcorporation.com

+1 (877) 330-2677

julia@myusacorporation.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

QUITE NERD 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:

337 MAITLAND AVE. #2010

ALTAMONTE SPRINGS, FL 32701

337 MAITLAND AVE. #2010 ALTAMONTE SPRINGS, FL 32701

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:

Incorp Services, Inc

Name

17888 67th Court North

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

Loxahatchee

_{E1} 33470

City, State, and Zip

2013 FEB 14 PN 2: 49
SECRETARY OF STATE
TALL AHASSEF ELORIDA

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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.

(CONTINUED)

Page 1 of 2

SPECIAL AND REVOCABLE LIMITED POWER OF ATTORNEY

TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Julia Greenberg-Aguilar and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which *Selene Enterprises LLC dba MyUSA corporation.com* have purchased agent service on through their account with InCorp Services, Inc.

TERMINATION: Unless sooner revoked or terminated by me, the Special Power of Attornated become NULL and VOID from and after December 31, 2013.

Aurora Murtey, Secretary

Dated: December 10, 2012

Signed in my presence this the 10th day of December 2012 by Aurora Murtey, State of Nevada.

County of Clark

Notary Public in the State of Nevada

CRYSTAL TEMPLE-OWENS
Notary Public, State of Nevada
Appointment No. 09-11437-1
My Appt. Expires Nov 20, 2013

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	MATTHIEU FAUVEAU
	337 MAITLAND AVE #2010
	ALTAMONTE SPRINGS, FL 32701
MGRM	YOHANN DE DECKER
	337 MAITLAND AVE #2010
	ALTAMONTE SPRINGS, FL 32701
	
(Use attachment if necessary)	
(-22	
ffective date is listed, the date mu	n the date of filing: (OPTION st be specific and cannot be more than five business of
days after the date of filing.)	
	Ā
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	-

Signature of a member or an authorized representative of a member.

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(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.)

Julia Greenberg-Aguilar (authorized representative)

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)