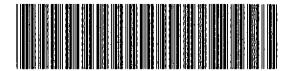
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(Addre	ess)	
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PICK-UP	☐ WAIT	MAiL
(Business Entity Name)		
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Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
ALLIANASSEE FLORIDA

(850) 245-6051.

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Thhi's Q 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:	
Roger R. Ibhitson Name of Person	
Tbbi's Q, LLC Firm/Company	<del></del> _
1658 PALOMA LANE Address	
DINE SIN FL 34698  City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
RASPRITE @ Juno, Com  E-mail address: (to be used for future annual report notification)	<del></del>
For further information concerning this matter, please call:	
Name of Person at (727) 366-2229  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee Certificate of Status  □\$155.00 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)	tus &

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 FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:	
Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address and stre	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1658 PALOIN A LONE DUNIUM FL 34698	JUNEDIN FL 34658
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	gistered agent are:
Rober R. Iss, Then	
Name	
Florida street address (P.O. Box NOT acceptable)	
	ress (P.O. Box NOT acceptable)
DUNE SIN City, State	ress (P.O. Box NOT acceptable)  FL 34698  Te and Zip
City, Stat	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacit	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of performance of my duties, and I am familiar with

(CONTINUED)

Registered Agent's Signature (REQUIRED)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Page 1 of 2

# 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 MGAM ROGER R. IBSITSON PALOMA LANG MGA JENNIFER L. IBBITSON PALOMA MUR VERONILA SPERNO (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: \_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days

**REQUIRED SIGNATURE:** 

prior to or 90 days after the date of filing.)

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. 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.)

> R. IBBITSON Kobin

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)