

L14000038145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-12179

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02/24/14--01010--008 **160.00

EFFECTIVE DATE 03-01-14

2014 MAR -3 P 6:42
FILED

B. BOSTICK
MAR - 6 2014
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: QUICK MEDIATION 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:

Melody A. Hellberg

Name of Person

Quick Mediation Solutions, LLC

Firm/Company

2326 SW Frisco Terrace

Address

Port Saint Lucie, FL 34953

City/State and Zip Code

quickmediationsolutions@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melody A. Hellberg

Name of Person

at (772) 618 3413

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 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)

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 I - Name:

The name of the Limited Liability Company is:

QUICK MEDIATION SOLUTIONS, 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:

no office address
mobile mediator
2326 SW FRISCO TERRACE
PORT SAINT LUCIE, FL 34953

2326 SW Frisco Terrace
Port Saint Lucie, FL
34953

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:

Melody A. Hellberg

Name

2326 SW Frisco Terrace

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

Port St. Lucie, FL 34953

City

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 605, F.S..

Melody A. Hellberg

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 1, 2014 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Melody A. Hellberg (owner)

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

(In accordance with section 605.0203 (1) (b), 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.)

Melody A. Hellberg

Typed or printed name of signer

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2014

MELODY A. HELLBERG
2326 SW FRISCO TERRACE
PORT ST. LUCIE, FL 34953

SUBJECT: QUICK MEDIATION SOLUTIONS, LLC
Ref. Number: W14000012179

FILED
2014 MAR -3 P 6:42
TALLAHASSEE, FLORIDA
FILING OFFICE

We have received your document for QUICK MEDIATION SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 614A00004130