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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Quiett 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:
Dessica E. Quiett Name of Person
Quiett Desgn
11 Sterling Hill Drive
Jacksonville FL 32225
City/State and Zip Code VESICA QUI et design .COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dessea Quiett at 904 591-7191 Name of Person at 904 Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:

ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11Sterling Hill Drive Jacksonvalle FL 32225	16 Hemp Court Middleburg FL 32068
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Jessica E	.Quiett
Name	
11 Sterling t	tell Drive
Florida street addr	ess (P.O. Box NOT acceptable)
Jackson Elle City, Stat	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

Page 1 of 2

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Jessica Quiett Jisterling Hill Drive Jocksonville FL 32225
(Use attachment if necessary) CLE V: Effective date, if other that	in the date of filing: (OPTIONAL
CLE V: Effective date, if other tha	un the date of filing: (OPTIONAL ust be specific and cannot be more than five business days
CLE V: Effective date, if other that effective date is listed, the date m 0 days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days acca Quality member or an authorized representative of a member.
CLE V: Effective date, if other that effective date is listed, the date m 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a n (In accordance with sectionstitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other that effective date is listed, the date m 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a n (In accordance with sectionstitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.