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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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DIVISION OF COLUMN SHAPES

JUN O 6 2014
J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SURJECT: Harper's Quality Services LLC	
Name of	Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Kevin S. Harper	
	Name of Person
Harper's Quality Services LLC	
	Firm/Company
900 Cristobal Dr.	
	Address
Titusville, FL 32780	
great section of	City/State and Zip Code
mmh9917@vahoo.com	and the second second
E-mail address: (to be t	used for future annual report notification)
For further information concerning this matter, p	please call:
,,	,
Kevin S. Harper at	(321) 480-9515
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	t 🗵 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certified Copy Certificate of Status &
Communic or plantas	(additional copy is enclosed) Certified Copy
	(additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
i ananassee, i'l 12314	Tallabassee St 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited 1	Liability Company is:	·
Harper's Quality Service (Mu	es LLC st end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and s	street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Addres	<u> </u>	Mailing Address:
900 Cristobal Dr.		900 Cristopal Dr.
Titusville, FL 32780		Titusville, FL 32780
	<u> </u>	
another business entity was The name and the Florida	rith an active Florida	
	-	Name
	00 Cristobal Dr.	
1	Florida street address	(P.O. Box NOT acceptable)
Т	itusville	FL 32780
_	City	Zip
the place designated to capacity. I further agree	in this certificate, I her we to comply with the p	o accept service of process for the above stated limited liability company at reby accept the appointment as registered agent and agree to act in this provisions of all statutes relating to the proper and complete performance cept the obligations of my position as registered agent as provided for in Chapter 605, F.S
		our & Horper
	Registered Age	ent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Kevin S. Harper
· 	900 Cristobal Dr.
	Titusville, FL 32780
· · · · · · · · · · · · · · · · · · ·	
· ;	
V: Effective date, if other than the d	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be filing.) CVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the derive date is listed, the date must be filing.) VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the divive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the derive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u	specific and cannot be more than five business days prior to or 90
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V: Effective date, if other than the divive date is listed, the date must be filling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State

ARTICLE IV-

Page 2 of 2

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