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(Re	equestor's Name)	·····
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PICK-UP	☐ WAIT	MAIL.
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(Do	cument Number)	
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T. BROWN

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: Quality For Name of Lim	IVI COM MENTS / ited Liability Company	Services, LL
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	Mr. David Whalen
David h	halen Name of Person	3813 Southview Dr. Brandon, JL 33511
Quality ENV	Virm/Company	
3813 So	u thusew D	pivE Suite A
Brandon,	FL 335 ty/State and Zip Code	()
MAXTRAX1 @ E-mail address: (to be used	for future annual report notification	ation)
For further information concerning this matter, pleas		
David Whalen at (	813 625- Area Code Daytime Te	8881 lephone Number
Enclosed is a check for the following amount:		
\$125.00 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	Street/Courier Add Registration Section Division of Corporat Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY LI-20-14

A	R	T	ľ	C	L	Е	I	-	N	۷	ame	:
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The name of the Limited Liability Company is:

, , ,				
Quality Environ (Must end with the words "Limited)	MENTAL Liability Company, "L.L.C	50771C	es, LLC	
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liabilit	y Company is:	有五	٠,
Principal Office Address:	Mailing Address:	7	2 2	
3813 Southview DR	52me		St. 2 0	<b>)</b>
Brandon, FL 33511		<del>,</del>	- F.S. 72	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You mus		vidual or	
The name and the Florida street address of the registered at the Florida street address of the F	agent are: Uhalem			
3813 Sou	ith view.	Daive	Suite 1	9
Florida street address (P.O. Box	NOT acceptable) FL 333	<u>)</u> (		
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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	DAYIN Wholen 38/3 Southview DR SV BRANDON, FL 33511
	BRANDON, FL 33511
	Commission of the Commission o
E V: Effective date, if other than the date ective date is listed, the date must be sp	e of filing:
ective date is listed, the date must be sp of filing.) EVI: Other provisions, if any.	of filing: <u>Nov 20,20,4</u> (OPTIONAL) ecific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	e of filing:
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.)  E VI: Other provisions, if any.	e of filing:
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the date ective date is listed, the date must be spof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 66)	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the date ective date is listed, the date must be spof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 66 constitutes an affirmation under 1 am aware that any false information of the constitutes are section for the constitutes are affirmation under 1 am aware that any false information under the constitutes are affirmation under the constitutes are af	ember or an authorized representative of a member.  15.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.  15.0203 (1) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
E V: Effective date, if other than the date ective date is listed, the date must be spof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 66 constitutes an affirmation under 1 am aware that any false information of the constitutes are section for the constitutes are affirmation under 1 am aware that any false information under the constitutes are affirmation under the constitutes are af	ember or an authorized representative of a member.  15.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)