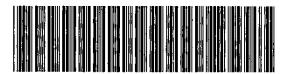
#114000197012

(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:
W14-72486 Sign
··· Office-tise @ntv



500266647195

11/20/14--01023--010 **160.00

EFFECTIVE DATE

FILED
2014 DEC 29 PM 3: 16

EXAMINER
DEC 31 2014



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

4.5

14 DEC 29 AM 10: 00

LIVISION OF CORPORATIONS BUREAU OF COMMERCIAL INFORMATION SERVICES

December 4, 2014

JONATHAN DANIELE 6311 BLUE BAY CIR. LAKE WORTH, FL 33467

SUBJECT: QUINTUS, LLC Ref. Number: W14000072486 CHANGES NAME OF COMPANY

We have received your document for QUINTUS, 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):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 114A00025620

COVER LETTER

Division of Corporations	
SUBJECT: Quintus, 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:	
Jonathan Daniele Name of Person	
Firm/Company	
Ting Company	
6311 Blue Bay Cir Address	
Lake Worth, FL 33467 City/State and Zip Code	
quintus c@gmail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$125.00 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
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:	EFFECTIVE DATE
Quintus LLE CUSTOMER CARE	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6311 Blue Bay Cir Lake Worth, FL 33467	6311 Blue Bay Cir Lake Worth, LLC
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered as	Registered Agent. You must designate an individual or
Jonathan Daniele	20
Name	NOT acceptable)
6311 Blue Bay Cir	題の一
Florida street address (P.O. Box]	NOT acceptable)
Lake Worth	FL 33467
City	Zip FLST
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in the proof. F.S
(CONTINUE	D)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	langthan Daniela
The state of the s	Jonathan Daniele
	6311 Blue Bay Cir Lake Worth, FL 33467
	Lake Worth, FL 33407
	PF

(Use attachment if necessary)	
CLE V: Effective date, if other than the date ffective date is listed, the date must be speed of filing.)	e of filing: 12015 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
ffective date is listed, the date must be sp	of filing: 12015 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
ffective date is listed, the date must be sp e of filing.)	of filing: 12015 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
ffective date is listed, the date must be sp e of filing.)	e of filing: 12015 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
ffective date is listed, the date must be spe of filing.) CLE VI: Other provisions, if any.	e of filing: 12015 (OPTIONAL) secific and cannot be more than five business days prior to or 90 da
ffective date is listed, the date must be spe of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 da
ffective date is listed, the date must be spe of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	ember or an authorized representative of a member.
ffective date is listed, the date must be spe of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60)	ember or an authorized representative of a member. 95.0203 (1) (b), Florida Statutes, the execution of this document
ffective date is listed, the date must be spe of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes an affirmation under the constitutes are section 60 constitutes.	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document for the penalties of perjury that the facts stated herein are true, remation submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under lam aware that any false inforconstitutes a third degree felor	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under lam aware that any false inforconstitutes a third degree felor	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document for the penalties of perjury that the facts stated herein are true. The mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under lam aware that any false inforconstitutes a third degree felor	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
REQUIRED 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. 25.0203 (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 my as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees:
REQUIRED 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. 25.0203 (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 my as provided for in s.817.155, F.S.)