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	PICK UP:	4-3-15
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区	РНОТОСОРУ	
	CUS	
Þ		LLC
1.	Quarterdeck Investigation (CORPORATE NAME AND DOCUMENT #)	toes, LLC
2.	(CORPORATE NAME AND DOCUMENT #)	
3.	(CORPORATE NAME AND DOCUMENT #)	
4.	(CORPORATE NAME AND DOCUMENT #)	
5.	(CORPORATE NAME AND DOCUMENT #)	
6. _		
	(CORPORATE NAME AND DOCUMENT #) LINSTRUCTIONS:	

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Quarterdeck Investors, LLC Name of Lin	nited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Plcase	return all correspondence concerning this m	atter to the following:	
	Keyin A. Denti, Esquire	Name of Person	
	Kevin A. Denti, P.A.	Firm/Company	
	2180 Immokalee Road - Suite #316	Address	
	Naples, Florida 34110	ity/State and Zip Code	
_kd	lenti@dentilaw.com E-mail address: (to be used	d for future annual report notifica	tion)
For fur	ther information concerning this matter, plea	ase call:	
<u>Kevin</u>	A. Denti, Esquire at (239) 260-8111 Area Code Daytimo Tel	ephone Number
_	ed is a check for the following amount: 0 Filing Fee Certificate of Status	S155.00 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 Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION F	OR FLORIDA LIMITED LIABILITY COMPANY 🚓 🖟 🕏	
	TO TO	a.
ARTICLE J - Name:)
The name of the Limited Liability Company is:		را
Quarterdeck Investors, LLC	The second	¥
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	~
(Masteria Wier ale Words Exit	med macing company, biz.c., or EEc.	•
ARTICLE II - Address:	72/	i N
The mailing address and street address of the princip	al office of the Limited Liability Company is:	•
Principal Office Address:	Mailing Address:	
27678 Bay Point Lane	27678 Bay Point Lane	
Bonita Springs, Florida 34134	Bonita Springs, Florida 34134	
SSIIG OFFICE	Donne Oprings, Florida 54134	
The name and the Florida street address of the registor Kevin A. Denti, Esquire		
.Na	ame	
2180 Immokalee Road - S	uite #316	
Florida street address (P.O. 1		
•		
Naples	FL 34110	
City	Zip	
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	t service of process for the above stated limited liability company cept the appointment as registered agent and agree to act in this ons of all statutes relating to the proper and complete performany obligations of my position as registered agent as provided for integrating the process of the proper of the proper of the provided for integrating the provided for	s ice
Registered Agent's Sig	OF CHIPPED	
Registered Agent's St	RIGUIC (REQUIRED)	

(CONTINUED)
Page 1 of 2

<u>l'itle;</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Factor (O. form)
AMBR	Farhad S. Irani
	27678 Bay Point Lane Bonita Springs, Florida 34134
	Donita Ophrigs, Florida 04 104
AMBR	Stanley Gulin
	6610 Willow Park Drive - Suite #104
	Naples, FL 34109

	— ** · · · · · · · · · · · · · · · · · ·
V: Effective date, if other than the date tive date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	ecific and cannot be more than five business days prior to or 9
Use attachment if necessary) V: Effective date, if other than the date effect date is listed, the date must be sparsing.) VI: Other provisions, if any.	e of filing:
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V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EQUIRED SIGNATURE:	ember.or-as authorized representative of a member.
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a me (In accordance with section 60)	ember.or-ag authorized representative of a member.
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes are affirmation under	ember or sat authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
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