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	Document Number)
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15 MAY 26 PH 5: 27
SECRETARY OF STATE
ALL AMASSEE FROM

W PAINTER

COVER LETTER

	istration Section sion of Corporations		
SUBJECT:	QuPROZ A	DJUSTERS L	LC
The enclosed	Articles of Organization and fee(s) a	are submitted for filing.	
Please return	all correspondence concerning this r	matter to the following:	
_	PERCY	Qui ROZ Name of Person	<u> </u>
			_
-	<u>_</u>	E AD SUSTERS Firm/Company	LLC
		r1rm/Company	
_	1236 NE	18th Ave	
		Address	
	FORT	LAUDER DALE	FL -33304
_	4 / 1	City/State and Zip Code	
_	perayado a gr	nail. com ed for future annual report notificati	ion)
			ion)
For further info	ormation concerning this matter, plea	ase call:	
$\widehat{\nu}$	Percy Ostroz at (407 , 227 -73	241
}	Name of Person	Area Code Daytime Telephon	e Number
Enclosed is a	check for the following amount:		
\$125.00 Fili	ng Fee \$130.00 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)
	Moiling Address	Street Address	

Mailing Address

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

es uc
Company, "L.L.C.," or "LLC.")
Limited Liability Company is:
Mailing Address:
1236 NEIT th Ave
Fnt Law derdale FL-38304
FL-33304
red Agent's Signature:

1236 NE 18th Ave Florida street address (P.O. Box NOT acceptable)

Name

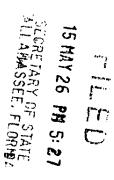
FL Fort Landerdale 33306 City Zip State

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



Title:	Name and Address:	
"AMBR" = Authorized "MGR" = Manager_	Member	
PRESIDENT	Percy Ovice	
	1236 NE 18th AVE	
	- VI I DOWN ALL HAVE	
		
	-	
		
(Use attachment if nece		
i effective date is listed, the ate of filing.)	other than the date of filing: (OPTIONAL) edate must be specific and cannot be more than five business days prior to	or 90 days
effective date is listed, the ate of filing.) If the date inserted in this ocument's effective date on	s block does not meet the applicable statutory filing requirements, this date win the Department of State's records.	or 90 days :
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