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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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Certified Copies Certificates of Status		
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SECRETARY OF STATES
DIVISION OF CORPORATION
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2 08/12/15

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Quiet Sunrise 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:		
Karen Davis Name of Person		
Quiet Sunrise LLC Firm/Company		
2101 Pass A Grille Way		
St Pete Beach / Florida 33706 Ciru/State and Zip Code Quiet Sunrise LLC @ not-mail.com E-mail address: (to be used not inture annual report notification)		
For further information concerning this matter, please call:		
Kaven Davis at (843) 437-5329 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\text{Certificate of Status}\$\$130.00 Filing Fee \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\text{160.00 Filing Fee,}\$\$ Certified Copy}\$\$ (additional copy is enclosed)		
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
St Pete Beach Florida 33706 St Pete Beach Florida J33706		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
Haven Davis		
Florida street address (P.O. Box NOT acceptable)		
St Pete Beach Florida 33706		
City State 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 Registered Agent's Signature (REQUIRED)		

(CONTINUED)

Page 1 of 2

SECRETARY OF STAIL
SECRETARY OF STAIL
DIVISION OF CORPORATION

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
	Karen Davis 2101 Pass A Grille Wall St Prie Beach Florida y 33706	
(Use attachment if necessary)		
the date of filing.)	nd cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as	
REQUIRED SIGNATURE:		
Laur Va	UT d	
This document is executed in a I am aware that any false inform	or an authorized representative of a member. ecordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State v as provided for in s.817.155, F.S.	
<u>Haren</u> I	Davis	

The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

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

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