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# **COVER LETTER**

	Registration Section Division of Corporations			
SURIFO	Quick Silver Tech Support, LL	c		
SUBJECT: Name of Limited Liability Company				
The encl	osed Articles of Organization and fe	e(s) are submitted for filing.		
Please re	turn all correspondence concerning	this matter to the following:		
	Andrew Lassise			
		Name of Person		
	Quick Silver Tech Support, LLC			
		Firm/Company		
	7570 S Federal Hwy STE 10			
		Address		
	Hypoluxo, FL 33462			
	support@quicksilvertechsupport.c	City/State and Zip Code		
	E-mail address: (to b	e used for future annual report notification)		
For further	information concerning this matter	, please call:		
	Andrew Lassise	410 2588770 at ( )		
	Name of Person	Area Code Daytime Telephone Number		
Enclosed	is a check for the following amount	::		
\$125.00	Filing Fee \$130.00 Filing Fe Certificate of Star	e & \$155.00 Filing Fee & \$160.00 Filing Fee, tus Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
	Mailing Address  New Filing Section  Division of Corporations	Street Address  New Filing Section  Division of Corporations		

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Quick Silver Tech Supp			
(Must end wit	h the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")
CLE II - Address:			
ailing address and street addr	ess of the principal o	ffice of the Limit	ed Liability Company is:
Principal C	Office Address:		Mailing Address:
7570 S Federal Hwy Ste	: 10	<u>PC</u>	O BOX 4333
Hypoluxo, FL 33462			entana, FL 33465
	nnot serve as its own	& Registered Ag	gent's Signature:
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cimited Liability Company calls: business entity with an action and the Florida street add	nnot serve as its own ve Florida registratio fress of the registered Andrew Lassise	& Registered Agenom.) I agent are:  Name	gent's Signature: t. You must designate an individual o
cimited Liability Company calls business entity with an action ame and the Florida street add	nnot serve as its own ve Florida registratio fress of the registered Andrew Lassise	& Registered Agenom.) I agent are:  Name	gent's Signature: t. You must designate an individual o

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

DIVISION OF CORPORATION.

### ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Andrew Lassise
WUK	720 N DIXIE HWY #602
	LANTANA, FL 34462
	LANTANA, FL 34402
·····	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of	f filing: (OPTIONAL)
	ific and cannot be more than five business days prior to or 90 days after
he date of filing.)	
	et the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Department of	State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
	ber or an authorized representative of a member.
	d in accordance with section 605.0203 (1) (b), Florida Statutes.
	information submitted in a document to the Department of State
constitutes a third degree f	clony as provided for in s.817.155, F.S.

**ANDREW LASSISE** 

Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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