L/SW0/49603

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Atlas Quartz 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: Name of Person
Superior (Manite
7011 Pine Forest Road
Address
Popsaco / File 32526 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Malcod Kadar at (850) 941-0270
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
·
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

New Filing 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:
(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:
7036 Din Forest Road 7011 Dine Forest Road Dansacole, FL 32526
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:
Pline Forest Pace Florida street address (P.O. Box NOT acceptable)
Oly 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 statuted relating to the proper and complete pefformance 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..

(CONTINUED)

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Citle:	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	Sacri Kacher
	Schull-oxtail 1000
	DONGCOK EL 32500
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/11 0 K	Waher Kacker
	GREY DICKNOOD DRIVE
	Poracele FC 32526
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	Ponsacola, FC 305 oc

Inc. attachment (f. naccasum)	
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ARTICLE IV-

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