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. ((Requestor's Name)			
((Address)			
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PICK-UP	WAIT MAIL			
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
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SEP 22 2015 T SCHROEDER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE: 789960 7864508
AUTHORIZATION: Spelle Ran
COST LIMIT : \$ 125.00
ORDER DATE : September 18, 2015
ORDER TIME : 10:02 AM
ORDER NO. : 789060-005
CUSTOMER NO: 7864508
DOMESTIC FILING
NAME: QUANTUM GLOBAL, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Melissa Zender - EXT.62956
EXAMINER'S INITIALS:



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 18, 2015

CSC

RESUBMIT

Please give original submission date as file date.

SUBJECT: QUANTUM GLOBAL, LLC

Ref. Number: W15000062044

We have received your document for QUANTUM GLOBAL, LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P07000045204 (QUANTUM GLOBAL, INC.).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Terri J Schroeder Regulatory Specialist II

Letter Number: 415A0001974

789065

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	ity Company is:				
Quantum Global Pro	aducts LLC				
(Must end	with the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")	- · · · · · · · · · · · · · · · · · · ·	
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	ffice of the Limited	Liability Company is:		
<u>Princi</u>	oal Office Address:		Mailing Add	lress:	
103 Stone Village D	rive	103	103 Stone Village Drive		
Fort Mill, SC29708			Mill, SC 29708		
The name and the Florida street	Corporation Service C	Company Name			
	Florida street address		•		
	Tallahassee City	FL State	32301 Zip		
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the ol	, I hereby accept the appo rovisions of all statutes red oligations of my position a	intment as register lating to the proper	e above stated limited liab ed agent and agree to act and complete performan as provided for in Chapte	in this capacity. I ace of my duties, and I	
		1 mg 1 01 M			

15 SEP 18 PM 12: 01

CRETARY OF STATE

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Haresh Mehta
MGR = Manager	103 Stone Village Drive
	Fort Mill, SC 29708

(Use attachment if necessary)	
n effective date is listed, the date must be spec	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after
If the date inserted in this block does not me ocument's effective date on the Department of	
If the date inserted in this block does not me ocument's effective date on the Department of ICLE VI: Other provisions, if any.	
ocument's effective date on the Department of ICLE VI: Other provisions, if any.	State's records.
If the date inserted in this block does not me ocument's effective date on the Department of ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men This document is executed I am aware that any false of the ocument is executed.	State's records.

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)

ARTICLE IV-

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