

12/16/2015 9:59:18 AM From: To: 855 7638 (1/4)

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
QI Leesburg LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

15 DEC 16 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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15 DEC 16 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1/4

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: QI Leesburg 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:

Benjamin E. Marcus, Esq.

Name of Person

Drummond Woodsum

Firm/Company

84 Marginal Way, Suite 600

Address

Portland ME 04101-2480

City/State and Zip Code

hwhite@dwnlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin E. Marcus

207

772-1941

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing 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)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

15 DEC 16 AM 9:30

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ol Leesburg LLC

(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:

18133 Longwater Run Drive
Tampa FL 33647

18133 Longwater Run Drive
Tampa FL 33647

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:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

<u>Plantation,</u>	<u>Florida</u>	<u>33324</u>
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.

By:

C T Corporation System

Conce Buys

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 DEC 16 AM 9:31

ARTICLE IV-

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"AMBR" - Authorized Member

"MGR" = Manager

MGR

Name and Address:

Kevin R. Bowden

18133 Longwater Run Drive

Tampa FL 33647

MGR

Lawrence W. Raiche

680 Central Avenue, Suite 101

Dover NH 03820

(Use attachment if necessary)

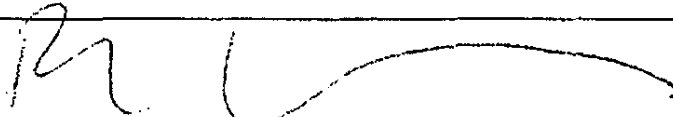
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Benjamin E. Marcus

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)