## L'/(DXXXX) 39339

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



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02/17/16--01007--006 \*\*160.00

EFFECTIVE DATE

FEB 2 6 2018 S. GLEDERT 6 FEB 17 PHI2: 20

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	QMS North America LLC			
SUBJE		Limited Liabili	ty Company	_
The enc	losed Articles of Organization and fee(s)	) are submitted	for filing.	
Please r	eturn all correspondence concerning this	matter to the fo	ollowing:	
	Timothy C Anderson			
		Name of	Person	· · · · · · · · · · · · · · · · · · ·
	QMS North America LLC			
		Firm/Co	mpany	
	4958 SW 135th Terrace			
	<del></del>	Addre	ess	
	Miramar, Florida 33027			
	tim@andersonleadership.com	City/State and	d Zip Code	
		sed for future a	nnual report notification)	
For furthe	er information concerning this matter, plo	ease call:		
	Timothy C Anderson	850	699-2970	
	Name of Person	Area Code	Daytime Telephone Number	_
Enclose	d is a check for the following amount:			
	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certific	ed Copy Certificated Copy is enclosed)	Filing Fee, te of Status & Copy copy is enclosed)
	Malling 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 C	Company is:			
				16 FEB 17 PM 12: 20
QMS North America LI				
		Liability Comp	any, "L.L.C.," or "LLC.")	VALLE PHASSEE. PLONIDA
ARTICLE II - Address: The mailing address and street address	ess of the principal off	ice of the Limi	ted Liability Company is:	- CONIDA
Principal C	Office Address:		Mailing Address:	
4958 SW 135th Terrace		4	958 SW 135th Terrace	
Miramar, Florida 33027		<u> </u>	Airamar, Florida 33027	
	Timothy C Anderson	Name		
	1958 SW 135th Terrac Florida street address (		L acceptable)	
	Miramar, Florida 3302		<u> </u>	
	City	State	Zip	
Having been named as registered ages place designated in this certificate, I h further agree to comply with the provi am familiar with and accept the obliga	ereby accept the appoi sions of all statutes rela ations of my position as Well and Register	ntment as reginating to the pro- arregistered ago	ntered agent and agree to act in this per and complete performance of ent as provided for in Chapter 605 mature (REQUIRED)	s capacity. I my duties, and I

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Men	ber
"MGR" = Manager	Ti di Cia i
AMBR	Timothy C Anderson
	4958 SW 135th Terrace
	Miramar, FL 33027
	<del></del>
	<del></del>
	W-73/4/
EV: Effective date, if other cettve date is listed, the date of filing.)	must be specific and cannot be more than five business days prior to or 90 d
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