

W160000656 01

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED MAR 14 2016

W16-21408
4/1

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR - 1 AM 10:10

APPROVED
AND
FILED

03/15/16--01003--013 **130.00

APR 1 2016

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2016

HERBERT M. QUILLER
1203 BRYN MAWR AVE
LAKE WALES, FL 33853

SUBJECT: QUILLERS LLC
Ref. Number: W16000021408

We have received your document for QUILLERS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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.

Stacy Prather
Regulatory Specialist III

Letter Number: 916A00005883

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Quillers 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:

Herbert M Quiller
Name of Person

Firm/Company

1203 Bryn Mawr Ave
Address

Lake Wales, FL 33853
City/State and Zip Code

herbertquiller@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Herbert M Quiller at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration 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:

Quillers 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:

1203 Bryn Mawr Ave
Lake Wales, FL 33853

Mailing Address:

1203 Bryn Mawr Ave
Lake Wales, FL 33853

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:

Herbert M Quiller

Name

1203 Bryn Mawr Ave

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

Lake Wales

City

FL 33853

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Herbert M Quiller

1203 Bryn Mawr Ave

Lake Wales, FL 33853

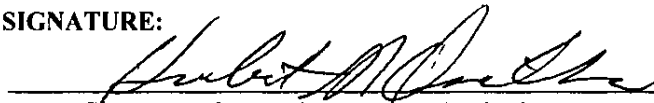
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/29/16 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Herbert M Quiller

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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