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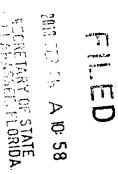
(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: JOUR QUEST, 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:			
Olivia Brooks Name of Person			
Your Quest Hearth Coaching			
78262 Saddle Rock Rd Address			
City/State and Zip Code Olivia. Brooks 44 a gmail. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)			
Ref #W1600062766 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:
78262 Saddle Rox Rd Vulee 1FC 32097 Vulee 1FC 32097 Vulee 1FC 32097
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:
Olivia Brooks
Name 78262 Smoldle Dock Dd
Florida street address (P.O. Box NOT acceptable)
Vulee FL 32097
City State Zip
llaving 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
Oliv Bucks
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager C7 R	Olivie Brooks 78262 Soddle Rack Rd Yulce IFL 32097
(Use attachment if necessary)	
the date of filing.)	and cannot be more than five business days prior to or 90 days after ne applicable statutory filing requirements, this date will not be listed as te's records.
REQUIRED SIGNATURE:	Buooks
This document is executed in I am aware that any false infor	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State and as provided for in s.817.155, F.S.
$O_{Ty_{\overline{1}}}$	oed or printed name of signce
\$125.00 Filing Fee for Articles of Organiza	Filing Fees: ation and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	
	Page 2 of 2

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

ARTICLE IV-