

L18 WD 118630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

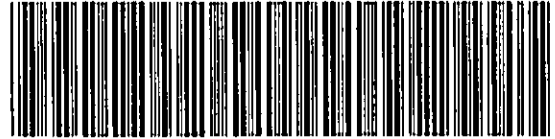
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

MAY 15 2018

T. SCOTT



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05/09/18--01009--014 **160.00

2018 MAY -9 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Automated Quality 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:

Bobby Nibhanupudy

Name of Person

Automated Quality LLC

Firm/Company

4300 W. Lake Mary Blvd. Ste 1010-187

Address

Lake Mary, FL 32746-2012

City/State and Zip Code

pudyng@gmail.com

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

For further information concerning this matter, please call:

Bobby Nibhanupudy 407 2346974

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Automated Quality LLC

(Must contain 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:

4300 W. Lake Mary Blvd, Ste 1010-187
Lake Mary, FL 32746-2012

Mailing Address:

4300 W. Lake Mary Blvd, Ste 1010-187
Lake Mary, FL 32746-2012

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:

Bobby Nibhanupudy

Name

4300 W. Lake Mary Blvd, Ste 1010-187

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

Lake Mary

FL

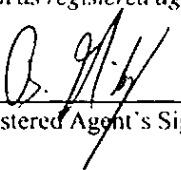
32746-2012

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

2018 MAY -9 AM 11:59
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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:

John Files

11874 Fan Tail Lane

Orlando, FL 32827

AMBR

Christopher Barone

614 Timberwilde Ct

Winter Springs, FL 32708

AMBR

Bobby Nibhanupudy

512 Ballantrae Ct

Lake Mary, FL 32746

AMBR

Michael Angelis

4036 Bermuda Grive Place

Longwood, FL 32779

(Use attachment if necessary) See attachment for add'l members

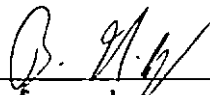
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Bobby Nibhanupudy

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)

Title (Add'l):

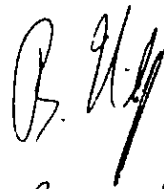
Name and Address:

AMBR

Lawrence Thomas Chin
1825 Redwood Grove Terrace
Lake Mary, FL. 32746

AMBR

Giridhar Vedula
1475 Magnolia Ave
Winter Park, FL. 32789

A handwritten signature in black ink, appearing to read 'B. Nibhanurthy'.

Bobby NIBHANURTHY