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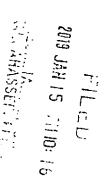
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		Office Use Only	



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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: KILL CK Quelity Construction UC. Name of Limited Liability Company
The enclosed Articles of Organization and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
hobert wickenhouser
Name of Person
5010 Wilhers Way Mariantes FC
MacManner FL 32448
City/State and Zip Code  Kale w 45 as p 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 & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	

(Must contain the words "Timited 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:

<u>Principal Office Address:</u>	Mading Address:
5010 Williers was	5010 willets way
Musicanne FL 32448	Muxiama FL 37448
-	

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.)

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)



<u>Title:</u> " <u>AMBR</u> " = Authorized Member	Name and Address:
MGR <sup>2</sup> = Manager	Bobell MITH enhousell
	Marianna FC 32448
(Use attachment if necessary)	
ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.)  1 If the date inserted in this block does not recovered.	c of filing:
ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not recument's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be listed
ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not recument's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be listed
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ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not rocument's effective date on the Department ICLE VI: Other provisions, it any.	meet the applicable statutory filing requirements, this date will not be liste of State's records.
ICLE V: Effective date, if other than the date is effective date is listed, the date must be sparte of filing.)  If the date inserted in this block does not rocument's effective date on the Department ICLE VI: Other provisions, it any.  REQUIRED SIGNATURE:  Signature of a many This document is executed any wave that any fals	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be listed

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)