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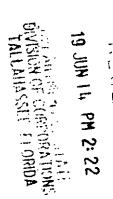
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JH 14279



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FILED 2019 JUNIA PN 2:34 06/14/19--01004--014 **125.00



QUIVET LLC SUBJECT: 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. John Hayden Name of Person Firm/Company 7901 4th St N. STE 300 Address St. Petersburg, FL 33702 City/State and Zip Code DOCSFROMSOS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Hayden Daytime Telephone Number Name of Person Area Code

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)

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Street Address

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		/ET-LLC		
(Must cont	ain the words "Limited L	ability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal off	ice of the Limited 1	liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
7901 4th St N. STE I	7901 4th St N. STE 300		PO Box 566448	
St. Petersburg, FL 3.	3702	Miam	i, FL 33256	
The Limited Liability Company nother business entity with an	cannot serve as its own Factive Florida registration address of the registered a	egistered Agent. Y gent are: cred Agents Inc.	l's Signature: ou must designate an individual o	મ
The Limited Liability Company mother business entity with an	cannot serve as its own Factive Florida registration address of the registered a	egistered Agent. Y gent are: ered Agents Inc. ivame		of
The Limited Liability Company mother business entity with an	cannot serve as its own Factive Florida registration address of the registered a	egistered Agent. Y igent are: ered Agents Inc. iNume	ou must designate an individuai o	P
The Limited Liability Company mother business entity with an	v cannot serve as its own Factive Florida registration address of the registered a Registr	egistered Agent. Y igent are: ered Agents Inc. iNume	ou must designate an individuai o	P
ARTICLE III - Registered Ag The Limited Liability Company another business entity with an The name and the Florida street	cannot serve as its own Factive Florida registration address of the registered a Registr 7901 Florida street address	egistered Agent. Y gent are: ered Agents Inc. isame 4th St N P.O. Box NOT acc	ou must designate an individual o	P

(CONTINUED)

<u> Fitle:</u>	Name and Address:
"AMBR" = Authorized Membe:	
"MGR" = Manage:	
MGR	John Hayden
	7901 4th St. N STE 300
	St. Petersburg, FL 33702
	of filing: (OPTIONAL)
ective date is listed, the date must be sport filing The date inserted in this block does not not ment's effective date on the Department. E. VI: Other provisions, if any.	
EV: Effective date, if other than the date ective date is listed, the date must be spot filing 'the date inserted in this block does not ment's effective date on the Department	ecific and cannot be more than five business days prior to or 90 da neet the applicable statutory filing requirements, this date will not be of State's records
E V: Effective date, if other than the date setive date is listed, the date must be spot filing the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be of State's records
E V: Effective date, if other than the date setive date is listed, the date must be spot filing. the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the me This document is executed any false.	ecific and cannot be more than five business days prior to or 90 da neet the applicable statutory filing requirements, this date will not be of State's records
E V: Effective date, if other than the date setive date is listed, the date must be spot filing. the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the me This document is executed any false.	meet the applicable statutory filing requirements, this date will not be of State's records Manual Advantage of a member. The state of a member of state of a member of a

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: