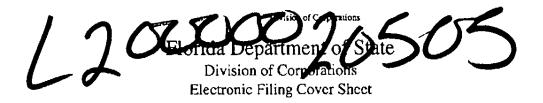
1/24/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 : (561)694-1639 Pax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO.

Avenant Quality Solutions, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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M. MOON JAN 27 2020

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Avenant Quality Solutions, LLC (Must contain the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
(inter-tental are worth	o bloomy company, bases, or bases, y
ARTICLE II - Address:	
The mailing address and street address of the principal	l office of the Limited Liability Company is:
Principal Office Address:	Malling Address:
9322 SW 41st Lane	9322 SW 41st Lanc
Gainesville, FL 32608	Gainesville, FL 32608
The Limited Liability Company cannot serve as its ov	on Registered Agent. You must designate an individual o
The Limited Liability Company cannot serve as its over mother business entity with an active Florida registral	on Registered Agent. You must designate an individual of tion.)
another business entity with an active Florida registral	on Registered Agent. You must designate an individual of tion.)
The Limited Liability Company cannot serve as its over another business entity with an active Florida registral	on Registered Agent. You must designate an individual of tion.)
The Limited Liability Company cannot serve as its over mother business entity with an active Florida registral The name and the Florida street address of the register	wn Registered Agent. You must designate an individual o tion.) red agent are: Name
The Limited Liability Company cannot serve as its over another business entity with an active Florida registral The name and the Florida street address of the register Michael K. Davis 9322 SW 41st Lan	wn Registered Agent. You must designate an individual o tion.) red agent are: Name
The Limited Liability Company cannot serve as its over another business entity with an active Florida registral The name and the Florida street address of the register Michael K. Davis 9322 SW 41st Lan	en Registered Agent. You must designate an individual of tion.) red agent are: Name

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 occept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

KU JAN 24 PH 3: 5:

1115

"AMBR" = Authorized Member "MGR" = Manager	Name and Address;
MGR	Michael K. Davis
	9322 SW 41st Lane
	Gainesville, FL 32608
(Use attachment if necessary)	
EV: Effective date, if other than the da	te of filing: (OPTIONAL)
of filing.)	pecific and cannot be more than five business days prior to or 90 di meet the applicable statutory filing requirements, this date will not be at of State's records.
ment's effective date on the Department LE VI: Other provisions, if any.	
ment's effective date on the Departmen	

Michael K. Davis, Manager
Typed or printed name of signce

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)

PILED 2020 JAN 24 PM 3: 55 SECRETARY OF STATE TALLAHASSEE, FINDER