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Special Instructions to	Filing Officer:	
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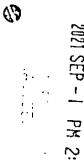
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Quantum Research	ch , LLC			
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				LTD Partnership File
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				Fictitious Name File
				Trade/Service Mark
				Merger File
				
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
			—	Cert. Copy
				Photo Copy
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COVER LETTER

	ew Filing Section ivision of Corporations	
SUBJECT	: Quanti	ited Liability Company
The enclos	ed Articles of Organization and fee(s) are	submitted for filing.
Please retu	rn all correspondence concerning this ma	ter to the following:
	70200	Schoull Name of Person
	<u>Gyan</u> ²	Firm/Company
	8605	Address Address
	<u> </u>	$\frac{1}{1}$ $\frac{1}$
	E-mail address: (to be used	for future annual report notification)
For further i	nformation concerning this matter, please	call:
	Name of Person Ar	ea Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
□\$125.00	Filing Fee S130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & ☐\$160.00 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
Quantum Research 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: Mailing Address:
8605 PROSPECT LO, PARKIUM 8605, PROSPECT LO,
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:
Jason Scholas
Name
8605 900PULL LD
Florida street address (P.O. Box NOT acceptable)
PRICKLE 33076
City State Zip
Taving 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, an 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)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager $AMBR$	Jason Schnill 8605 Prospect Ln.
(Use attachment if necessary)	
(If an effective date is listed, the date must be s the date of filing.)	
REQUIRED SIGNATURE:	
This document is exec I am aware that any fa	nember or an authorized representative of a member, ruted in accordance with section 605.0203 (1) (b), Florida Statutes, lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
	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)