Division of Corporations Electronic Filing Cover Shect

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.

(((H22000232142 3)))



H220002321423ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HOMSI LAW, P.A.
Account Number : 120190000004
Phone : (407)377-5507
Fax Number : (407)377-5967

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

Email Address: Millinsen The The Land Con

FLORIDA LIMITED LIABILITY CO. QUARTA SPONDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2 JUL -7 PN 12: 35 ECRETARY OF STATE LLAHASSEE, FLORID

78.F.C.ETYED 1022 JUL - 7. PM 3:4

Electronic Filing Menu

Corporate Filing Menu

Help

H22000232142 3



ARTICLES OF ORGANIZATION FOR

QUARTA SPONDA LLC

ARTICLE I

The name of the Limited Liability Company is:

QUARTA SPONDA LLC

ARTICLE II

The street address of the principal office of the Limited Liability Company is:

1349 WEST 365 NORTH MIDWAY, UTAH 84049

The mailing address of the Limited Liability Company is:

1349 WEST 365 NORTH MIDWAY, UTAH 84049

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

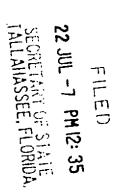
ANY AND ALL LAWFUL BUSINESS PURPOSE.

ARTICLE IV

The Articles of Organization shall be effective immediately when filed with the Secretary of State of Florida.



Mailing Address 8815 Conroy-Windermere Road, #402 Orlando, Florida 32835 (407) 377-5507 www.HomsiLaw.com



H220002321423

ARTICLE V

The name and Florida street address of the registered agent is:

HOMSI LAW, P.A. 8815 CONROY-WINDERMERE ROAD #402 ORLANDO, FLORIDA 32835

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.

Signature of Registered Agent:

William M. Homsi, President

The Members hereby delegate the management of the LLC to Manager(s). The name and address of persons(s) authorized to manage the LLC:

Operating Manager: LARRY CHRISTENSEN
Vice Operating Manager: AMANDA AVERETT

Address of the Managers and Officers being the same as the Principal Address of the LLC.

Signature of an Authorized Representative:

William M. Homsi, Esq.

I am an authorized representative of the members submitting these Articles of Organization affirm that the facts stated herein are true. I am aware that false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January I and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain active status.

JL -7 PM 12: 35

HOMSI LAW, P.A.

Mailing Address
8815 Conroy-Windermere Road, #402
Orlando, Florida 32835
(407) 377-5507
www.HomsiLaw.com