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Certified Copies Certificates of Status Special Instructions to Filing Officer:	7.4 · · · · · · · · · · · · · · · · · · ·	
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COVER LETTER

TO: New Filing Section **Division of Corporations**

SUBJECT: Eaud S quality Professionals Name of Limited Liability Company LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward Surtan Name of Person Firm/Company 5660 Aenon lave Lot #1 Address Tallahassee Horida 32304 City/State and Zip Code Cands quality profess words 2 gma, 1. con E-mail address: (to be used for tuture annual report notification)

For further information concerning this matter, please call:

Edward Suffer at (850) 570-1125 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□S155.00 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 I - Name:

The name of the Limited Liability Company is:

Eand Squality Professionals 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:

Mailing Address: Principal Office Address: ONC Beacond st Floor 15 Boston, massachusetts 02108 USH SAMR

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:



Having been named as registered agent and to accept service of process for the above stated limited hability 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 lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

John Inthe

Agent's Signature (REOUIRED)

(CONTINUED)

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized N	lember	
"MGR" = Manager	Edward Sutton	
AMOR	\$640 Acres lave lat 1	
	Jallahassee Florida 201	
AMBK	Starley Bass	
	5660 Abnow lane Lot	
	Tallahassee Fla Josoy	
(Use attachment if necess	arv)	
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<u>REOUIRED</u> SIGNATU	RE:	
	gnature of a member or an authorized representative of a member.	<u> </u>
	ument is executed in accordance with section 605.0203 (1) (b), Florida Sta	autes.
l am awa	re that any false information submitted in a document to the Department of	
	es a third degree felony as provided for in s.817.155, F.S.	12[
_	Geward Sutton	
	Typed or printed name of signee	
	Fiting Fees:	
	Articles of Organization and Designation of Registered Agent	۲
\$ 30.00 Certified Cop		
\$ 5.00 Certificate of		
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