## 123000127971

(Requestor's Name)
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2023 FEB 28 PH 9: 54 SECRETARY OF STATE

## COVER LETTER

TO:	New Filing Sect Division of Cor						
		ative Art & Design LLC					
SUBJF	CT:	Name of Lin					
		Name of Lin	nited Liabil	lity Company			
The end	closed Articles of G	Organization and fee(s) ar	e submittec	I for filing.			
Please	return all correspo	ndence concerning this ma	atter to the	following:			
	Erika Hinn						
			Name of	f Person			
	QUIGLEY C	REATIVE ART AND DE	SIGN LLC				
			Firm/Co	ompany			
	100 BRIDGE	WAY CIRCLE					
		· · · · · · · · · · · · · · · · · · ·	Add	ress			
	LONGWOOL	D, FL 32779					
	ERIK ATUNN	@GMAIL.COM	City/State ar	nd Zip Code	<u> </u>		
		E-mail address: (to be used	i for future	annual report notification	on)		
or furtl	ner information cor	ncerning this matter, pleas	e call:				
	ERIKA HINN		117	733-4483			
		at (		)		_	
	Nam	e of Person A	vrea Code	Daytime Telephone	e Number		
Enclos	ed is a check for t	he following amount:					
□\$12	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Certificat Certified ( (additional c	e of Stat Copy	ius &
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	issee et, Suite 810	SECRETARY OF	2023 FEB 28 PA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED IJABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liabilit	ry Company is.				
Quigley Creative Art an	nd Design, LLC				
(Must cont	ain the words "Limited	Liability Compar	iy, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Limit	ed Liability Company is:		
<u>Princip</u>	al Office Address:		Mailing Address:		
100 Bridgeway Circle		10	100 Bridgeway Circle		
Longwood, FL 32779		يرا	ongwood, FL32779		
	· · · · · · · · · · · · · · · · · · ·		·		
(The Limited Liability Company another business entity with an author business and the Florida street	active Florida registratio	on.)			
		Name			
	100 Bridgeway Circle				
	Florida street addres	ss (P.O. Box <u>NO'</u>	[acceptable]		
	Longwood	H.	32779		
	City	State	Zip		
Having been named as registered olace designated in this certificate further agree to comply with the parm familiar with and accept the ol	r, I hereby accept the app rovisions of all statutes r	pointment as regis relating to the pro	tered agent and agree to act in per and complete performance	rthis capacity. 1 Fof my duties, and 1	

(CONTINUED)

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## ARTICLE IV-

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

"MGR" = Manager  MiR    Dista Hims   Household	R" = Manager	100 Bridgeway Circle			
(Use attachment if necessary)  (Use attachment if necessary)  (E.V.: Effective date, if other than the date of filing:  (OPTIONAL)  (OPTIO	-	100 Bridgeway Circle			
(Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E.VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statues, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  [Enkatton]  Typed or printed name of signee  Filing Fees:		100 Bridgeway Circle			
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S 30.00 Certified Copy (Optional)	30.00 Certified Copy (Optional)		====	$\sim$	
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