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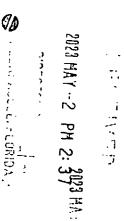
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# COVER LETTER

TO:

**New Filing Section** 

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Quang. HVAC LLC.  Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Akng G Muan Name of Person
Firm/Company/
10 FAUX IN NEWTOWN EG
MEUTCIAN 19 DA 19073.  City/State and Zip Code  (ANDH Da Jahos, Com)  E-mail/address: (to be used for future annual report notification)
E-mail/address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  □\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:
2215 Bonaert RD Deller-	2215 Bonnest 20.
P1 22 -1/1 7	//
	DOVER PL 35( 2)7
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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:

Hong A QUAN
Name

1115 Boggest PD

Florida street address (P.O. Box NOT acceptable)

Over 1 33527

City State Zip

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 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	Hore, a quan
Manager	2215 Boquert RD.
	Dover FL 33527
, <del></del>	
(Use attachment if necessary)	
If an effective date is listed, the date must be he date of filing.)	ate of filing:
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	1
This docuptent is exe I am aware that any fa constitutes a third deg	member or an authorized representative of a member. Ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
<u>~4 0 N 17</u>	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)