Electronic Filing Cover Sheet

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(((H07000291843 3)))



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To:

Division of Corporations

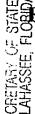
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335 : (305)599-0839 Phone

Fax Number : (305)716-0346



ORIDA/FOREIGN LIMITED LIABILITY CO.

QUALITY HOUSING RENTALS, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

QUALITY HOUSING RENTALS, LLC.

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LL.C." or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2600 S. OCEAN DRIVE. APT # 316	2600 S. OCEAN DRIVE, APT # 316
HOLLYWOOD, FL 33019	HOTLYWOOD, FL 33019

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:

ANTONIO NOA		
	Name	-
2600 S. OCEAN DRI	VE. APT # 316	
Florida	street address (P.O. Box NO	Tacceptable)
HOLLYWOOD,	PL 33019	
Cit	y. State, and 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 dutles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

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		- Manager(s) or Managing N nd address of each Manager	Member(s): r or Managing Member is as follows:	
	Title: "MGR" = N "MGRM" =	лападег - Managing Member	Name and Address:	
	MGRM		ANTONIO NOA	
			2600 S. OCEAN DRIVE, APT # 316	**************************************
			HOLLYWOOD, FL 33019	
	MGRM		BEATRIZ VERGEL NOA	
			2600 5. OCEAN DRIVE, APT # 316	
			HOLLYWOOD, FL 33019	<u> </u>
		•		
	·			
			<u></u>	
	(Use attach	ment if necessary)		
(If an e	effective dat	ve date, if other than the da e is listed, the date must b the date of filing.)	te of filing: 12-04-07 be specific and cannot be more than	(OPTIONAL) five business days
	REQUIRED	_ SIGNATURE:	·	,
		Col	-noz	
٠		member. (In accordance with section	er or an authorized representative of n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury sin are true.)	a
		ANTONIO NOA		
		Typer	or printed name of signee	

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SECRETARY OF STATE