

# L11000116125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

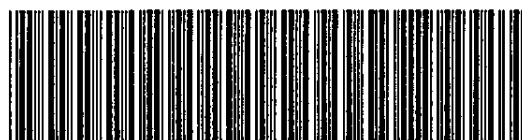
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400212590294

FILING CANCELLED  
RETURNED CHECK

09/28/11--01009--017. \*\*160.00

FILED  
11 OCT 11 PM 12:49  
RECEIVED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

OCT 11 2011



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 29, 2011

SIERRALINDA A FRANKLIN-JACKSON  
4838 NW 21ST STREET  
COCONUT CREEK, FL 33063

SUBJECT: QUALITY TAX & LEGAL SERVICES, LLC.  
Ref. Number: W11000050076

We have received your document for QUALITY TAX & LEGAL SERVICES, LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 011A00022504

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Quality Tax & Legal Services, LLC.**  
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:

**Sierralinda A Franklin-Jackson**

Name of Person

Firm/Company

**4838 NW 21st Street**

Address

**Coconut Creek, FL 33063**

City/State and Zip Code

**Sierralinda01@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Sierralinda A Franklin-Jackson**

Name of Person

at ( **954** ) **8265107**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILING CANCELLED  
RETURNED CHECK

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Quality Tax & Legal Services, LLC.**

(Must end with 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:**

4838 NW 21st ST.  
Coconut Creek, FL 33063

**Mailing Address:**

4838 NW 21st ST.  
Coconut Creek, FL 33063

**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:

Sierralinda A Franklin-Jackson

Name

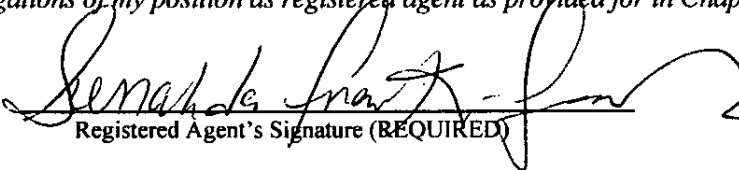
4838 NW 21st Street

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

Coconut Creek FL 33063

City, 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 duties, 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)

(CONTINUED)

FILED  
11 OCT 11 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING CANCELLED  
RETURNED CHECK**

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

CEO/PRESIDENT

Sierralinda A Franklin-Jackson

4838 nw 21st ST.

Coconut Creek, FL 33063

MGR

Margaret Woods-Alcide

3631 NW 7th ST.

Lauderhill, FL 33313

MGRM

Algernard Franklin

3631 NW 7th ST.

Lauderhill, FL 33313

MGRM

Kenya Smith

3631 NW 7th ST.

Lauderhill, FL 33313

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Sierralinda A Franklin-Jackson

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)**