# #1/1000/32720

(Requestor's Name)
(Address)
(Address)
(ridaless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u></u>

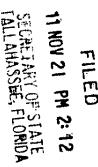
Office Use Only



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KSALY EXAMINER NOV 22 2011

## **COVER LETTER**

Division of C	orporations			
SUBJECT: QUIN	INCO PROPERTI	ES, LLC		
	Name of Limite	ed Liability Cor	mpany	
	of Organization and fee(s) are spondence concerning this matt		_	
rease return an cortes	policine concerning and man	er to die follow	mg.	
ELON M	ETOYER			the state of the s
		Name of Person		
QUINNO	O INVESTMENT	S, LLC		
		Firm/Company		
805 GRC	OVE PARK AVENU	JE		
		Address	<del></del>	
TAMPA, F	L 33609			
<u> </u>	Cit	y/State and Zip C	ode	
hmmetoyer	@gmail.com E-mail address: (to be used f	or future englis	concert notification	
<b>7</b>			report normeation,	•
For further information	concerning this matter, please	call:		
Heather Metoye	Γ	<sub>at (</sub> 813	, 892-525	2
Name	of Person		ode & Daytime Te	elephone Number
Enclosed is a check f	or the following amount:			. ,
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	iling Fee & Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
, <b>4</b> 2	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	t/Courier Address tration Section tion of Corporation in Building Executive Center trassee, FL 32301	ons r Circle

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

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:



OΙ	JINN	ICO	PRO	PER	TIFS	$\Box$
w	יודווע	$\cdot \cup \cup$	1110	'1 -11	1160	

(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:	<u>Mailing Address:</u>	
805 Grove Park Avenue	805 Grove Park Avenue	
Tampa, FL 33609	Tampa, FL 33609	
Heather Me	etoyer	ES =
	Name	E S
805 Grov	re Park Avenue	ASE 2 F
F	Florida street address (P.O. Box <u>NOT</u> acceptable)	Fig. 3. C
Tampa	<sub>FL</sub> 33609	FLC ST
	City, State, and Zip	2: 12 STATE LOMB
Having been named as registered	agent and to accept service of process for th	' >> ne above stated limited

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)

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

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

MGR	Elon Metoyer	
	805 Grove Park Avenue	
	Tampa, FL 33609	
		<del></del>
		·
	<del></del>	
(T)44 - 1		
(Use attachment if necessary)		
1 TO 1 1 10 10 11 11 11 11 11 11 11 11 11 11	11/17/11	(OPTIO) I.
LEV: Effective date, if other than the		(OPTIONAlian five business day

**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.)

### **ELON METOYER**

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)