# L12000068221

(Requestor's Name)	
(Address)	
(Address)	-
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
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(Document Number)	
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LARRY L. ADAIR, P. A.

9715 WEST BROWARD BOULLVARD SUITE NUMBER 303 PLANTATION, FLORIDA 33324

e-mail address: <u>larry@lladairlaw.com</u>

I ARRY I., ADAIR MEMBER FLORIDA AND TEXAS BAR

(954) 978-1466 FAX: (954) 827-7922

October 11, 2022

#### VIA FEDERAL EXPRESS

Florida Secretary Of State Division Of Corporations Registration Section 2415 North Monroe Street Suite 810 Tallahassee, Florida 32\$03

STATEMENT OF AUTHORITY

QUAI INVESTMENTS, LLC, a Florida limited liability company

#### Gentlemen:

#### We enclose:

- Fully executed Cover Letter and STATEMENT OF AUTHORITY; a.
- Our Trust Account Check Number 5212 dated Oct. 10, 2022, payable to b. the Honorable Florida Secretary Of State in the amount of \$55.00, representing:
  - Recording Fee for Statement Of Authority of \$25.00; and 1.
  - Certified Copy Fee of \$30.00. 2.
- Return self-addressed stamped envelope for returning filing fee receipt C. and Certified Copy this office.

Should you have any questions, please advise, otherwise, thanking you for your prompt attention in this regard, we remain,

truly yours

LLA:ch Enclosures

#### **COVER LETTER**

TO: Registration Section Division of Corporations

#### QUALINVESTMENTS, LLC

SUBJECT:		
<del></del> -	Name of Limited Liability Comp	any
Dear Sir or Madam:		
The enclosed Statement of Aut	hority and fee(s) are submitted for filing.	
Please return all correspondenc	e concerning this matter to the following:	
LARRY L. ADAIR, ESQ.		
Name	of Person	
LARRY L. ADAIR, P. A.		
Firm#	Company	
9715 WEST BROWARD BO	ULEVARD SUITE 303	
Add	tress	
PLANTATION, FLORIDA	38324	
City/State an	d Zip Code	
E-mail address: (to be	dused for future annual report notification	)
For further information concer	ning this matter, please call:	
LARRY L. ADAIR	954 at ( )	600-3266
Name of Per		Daytime Telephone Number

## Mailing Address:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

## Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 0CT 12 AM 5: 1

CR2E138 (2/14)

# STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement authority:	nt of
FIRST: The name of the limited liability company is:  QUALINVESTMENTS, LLC	
SECOND: The Florida Document Number of the limited liability company is:  L12000068221	
THIRD: The street address of the limited liability company's principal office is: 9715 WEST BROWARD BOULEVARD	
SUITE 303	
PLANTATION, FLORIDA 33324	
The mailing address of the limited liability company's principal office is: 9715 WEST BROWARD BOULEVARD	
SUITE 303	
PLANTATION, FEORIDA 33324	
May execute an instrument transferring real property held in the name of the company.      a. Granted to:  ALI CINGILLIOGLU	
b. No authority granted to: N/A	A Troops
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.  a. Granted to:  ALI CINGILLIOGLU	Constant of
b. No authority granted to: N/A	
LARRY L. ADAIR, MANAGER	
Mgnanno of authorized representative  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)	_

CR2E138 (2/14)