## L1500000 POL7

(Req	uestor's Name)	.,
(Add	ress)	
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PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

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> 15 JAN -5 AM 8: 19 SECRETARY OF SIAL

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Quina Rentals 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:
Joan K. Quina Name of Person
Name of Person
Firm/Company
7942 Empire Ct
Address
New Port Richey FL 34654 City/State and Zip Code
E-ntail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joan K. Quina at 727 H57-0553  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee Certificate of Status  □ \$130.00 Filing Fee & Certificate of Status  □ \$155.00 Filing Fee & Certificate of Status & 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Quina Rentals 1 (Must end with the words "Limited Liability Company,"L	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lia	bility Company is:
Principal Office Address: Mailing Address:	
7942 Empire (+ same. New Port Richey, FL 34654	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Joan K. Quina	
7942 Empire C+ Florida street address (P.O. Box NOT acceptable)	
New Port Richey, FL 34L	<u>,54</u>
Having been named as registered agent and to accept service of process for the the place designated in this certificate, I hereby accept the appointment as registered to comply with the provisions of all statutes relating to of my duties, and I am familiar with and accept the obligations of my position Chapter 605, F.S	gistered agent and agree to act in this the proper and complete performance
Registered Agent's Signature (REQUIRED)	<u>د SEC</u> آماداره
(CONTINUED)	
Page 1 of 2	SET OF FEE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Julian J. Quina IV 1942 Empire Ct New Port Richey, FL 34654
AMBR	Joan K. Quina 1942 Empire Ct New Port Richey, FL 3465
AMBR	Julian J. Quina V 8706 Linebrook Dr. Trinity, FL 34655
AMBR	Alyssa M. Quina 8706 Linebrook Dr. Innity FL 34655
•	<i>,</i> '
ective date is listed, the date must be	date of filing: <u>Jan. 1, 2015</u> . (OPTIONAL) e specific and cannot be more than five business days prior to or 90 or
E V: Effective date, if other than the excrive date is listed, the date must be of filing.)	
EV: Effective date, if other than the dective date is listed, the date must be of filing.)	
E V: Effective date, if other than the dective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 o
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ARTICLE IV-