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(Requestor's Name) (Address) (Address)	200274848702
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	200274949702 07/20/1501042012 **130.00
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COVER LETTER

TO: Registration Section Division of Corporations

GLADYS QUINTANA LLC

SUBJECT:

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:

GLADYS QUINTANA

Name of Person

GLADYS QUINTANA LLC

Firm/Company

1 Princess Christine Place

Address

Palm Coast - Florida - 32164

City/State and Zip Code gladysmirealtor@aol.com

Biadyssin canton (Satorice and

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

For further information concerning this matter, please call:

	Gladys Quintana at	386	586-8148
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is a ch	eck for the following amount:		
\$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	LlCertified	Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>s</u>	treet Address
	New Filing Section		lew Filing Section
	Division of Corporations		vivision of Corporations
	P.O. Box 6327	C	lifton Building
	Tallahassee, FL 32314	2	661 Executive Center Circle
		Τ	allahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

GLADYS QUINTANA 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:	Mailing Address:
1 Princess Christine Place	1 Princess Christine Place
Palm Coast - Florida - 32164	Palm Coast - Florida - 32164

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:

Glac	lys Quintana	
	Name	
1 Princes	ss Christine Place	
Florida street address	(P.O. Box NOT acc	eptable)
Palm Coast	Florida	32163
City	State	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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMGR	Gladys Quintana
	1 Princess Christine Place
	Palm Coast - Florida 32164
	••••••
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: <u>July 20 2015</u>. (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.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes 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.
Gladys Quintana
Typed or printed name of signee

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