Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000660093)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 : (305)444-4977 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. QUALITY CONSTRUCTION HOMES LLC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE MAR 1 0 2017

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

,2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ARTICLE I - Name: The name of the Limited Liability	Сопрапу is:			
QUALITY CONSTRI (Must contain	JCTION HOMES LLO	C. Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal o	ffice of the Limi	ted Liability Company is:	
<u>Principa</u>	Office Address:		Mailing Address:	
737 SW PORT SAINT PORT SAINT LUCIE		<u>\$</u>	АМЕ	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac-	eannot serve as its own trive Florida registration	Registered Agen n.)	gent's Signature: nt. You must designate an individual	. or
Tite traine and the Libitar seen at	_	t decitt at c.		
	GUIMEL INC	Name		
		MAINE		
	2500 NW 79TH AV			
	Florida street addres	s (P.O. Box <u>NO</u>	I acceptable)	
	DORAL	FL	33122	
	City	State	Zip	
Howare have named as revisioned	agent and to access serv	vice of arocess for	the above stated limited hability compar	ny at the

Having been named as registered agent and to accept service of process for the above stated limited hability 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 statuted relating in 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 603, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 MAR -9 AH II: 16

itle:	Name and Address:	
AMBR" = Authorized Member MGR" = Manager		
MGR" ≅ Manager LMBR	NOEL PEREZ SR.	
	4510 SW DARWIN BLVD	
	PORT SAINT LUCE, FL 34953	
1OR	MAHIRENE PEREZ	
	4510 SW DARWIN BLVD	
	PORT SAINT LUCIE, FL 34953	
1GR	CHRISTINA PEREZ	
	4510 SW DARWIN BLVD	
	PORT SAINT LUCIB, FL 34953	
1GR	NOEL PEREZ IR	
-	2119 SW MADRUGA STREET	
	PORT SAINT LUCIE, FL 34953	
Use attachment if necessary)		
filing.)	cific and cannot be more than five business days p teet the applicable statutory filing requirements, this	orior to or
tive date is listed, the date must be spe filing.) ne date inserted in this block does not m	cific and cannot be more than five business days p teet the applicable statutory filing requirements, this	orior to or
tive date is listed, the date must be spe filing.) ne date inserted in this block does not m ent's effective date on the Department of	cific and cannot be more than five business days p teet the applicable statutory filing requirements, this	orior to or
tive date is listed, the date must be spe filing.) ne date inserted in this block does not m ent's effective date on the Department of	cific and cannot be more than five business days p teet the applicable statutory filing requirements, this of State's records.	orior to or
tive date is listed, the date must be spe filing.) ne date inserted in this block does not ment's effective date on the Department of the Other provisions, if any. EOUIRED SIGNATURE: Signature of a mention of the Department o	eet the applicable statutory filing requirements, this of State's records.	orior to or
tive date is listed, the date must be spe filing.) ne date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a menute of this document is executed a may are that any false.	cific and cannot be more than five business days potential the applicable statutory filing requirements, this of State's records.	er.
tive date is listed, the date must be spe filing.) ne date inserted in this block does not ment's effective date on the Department of the Utility. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a menting document is executed I am aware that any false constitutes a third degree.	eet the applicable statutory filing requirements, this of State's records. The property of an authorized representative of a member of an authorized representative of a member of in accordance with section 605.0203 (1) (b), Flor information submitted in a document to the Departure felony as provided for in s.817.155, F.S.	er.
tive date is listed, the date must be spe filing.) ne date inserted in this block does not ment's effective date on the Department of the Utility. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a menting document is executed I am aware that any false constitutes a third degree.	eet the applicable statutory filing requirements, this of State's records. The property of a member of an authorized representative of a member of accordance with section 605.0203 (1) (b), Flor information submitted in a document to the Departy	er.
tive date is listed, the date must be spe filing.) ne date inserted in this block does not ment's effective date on the Department of the Utility. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a menting document is executed I am aware that any false constitutes a third degree.	eet the applicable statutory filing requirements, this of State's records. The property of a member or an authorized representative of a member of accordance with section 605.0203 (1) (b), Flor information submitted in a document to the Departs felony as provided for in s.817.155, F.S. Noel Perez Typed or printed name of signee	er.
tive date is listed, the date must be spefiling.) ne date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a ment is document is execute I am aware that any false constitutes a third degree NOEL PEREZ SR	eet the applicable statutory filing requirements, this of State's records. The state's records are authorized representative of a member of an authorized representative of a member of submitted in a document to the Depart of the member of a member of a member of submitted for in s.817.155, F.S. Typed or printed name of signee Filing Fees:	er.
tive date is listed, the date must be spefiling.) ne date inserted in this block does not ment's effective date on the Department of the VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a ment is document is executed I am aware that any false constitutes a third degree NOEL PEREZ SR \$125.00 Filing Fee for Articles of Org State of Copy (Optional)	eet the applicable statutory filing requirements, this of State's records. The property of a member of an authorized representative of a member of accordance with section 605.0203 (1) (b), Flor information submitted in a document to the Departure felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: canization and Designation of Registered Agent	er.
tive date is listed, the date must be spefiling.) ne date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a ment is document is execute I am aware that any false constitutes a third degree NOEL PEREZ SR	eet the applicable statutory filing requirements, this of State's records. The property of a member of an authorized representative of a member of accordance with section 605.0203 (1) (b), Flor information submitted in a document to the Departure felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: canization and Designation of Registered Agent	er.
tive date is listed, the date must be spefiling.) ne date inserted in this block does not ment's effective date on the Department of the VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a ment is document is executed I am aware that any false constitutes a third degree NOEL PEREZ SR \$125.00 Filing Fee for Articles of Org State of Copy (Optional)	eet the applicable statutory filing requirements, this of State's records. The property of a member of an authorized representative of a member of accordance with section 605.0203 (1) (b), Flor information submitted in a document to the Departure felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: canization and Designation of Registered Agent	er.
tive date is listed, the date must be spefiling.) the date inserted in this block does not ment's effective date on the Department of the Council of the Department of the Council of the Department of the Depar	eet the applicable statutory filing requires of State's records. The property of State's records.	f a member) (b), Flor

MGR:

GARY DE JESUS MARTINEZ

ADDRESS: 122 Woodland Road Palm Springs, FL 33461

17 MAR -9 AM 11: 16

... ...