117000064136

(Re	equestor's Name)				
(Address)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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APR 10 Min J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations		
Q1 PROPERTY INVESTMENT (GROUP LLO	
Name of Limited	I Liability Com	pany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s) are subm	itted for filing.	
Please return all correspondence concerning this matter t	o the following	:
NOEL QUINTANA		
Name of Person		
Firm/Company		
8012 W 15 LANE		
Address		
HIALEAH, FL 33014		
City/State and Zip Code	· · · · · ·	
E-mail address: (to be used for future annual re	port notification	n)
For further information concerning this matter, please ca		
LINA QUINTANA	787	Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	

P.O. Box 6327

Tallahassee, Florida 32314

CR2E138 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), authority: FIRST: The name of the limited			
FIRST. The name of the infined	Thathing company is.		
SECOND: The Florida Docume	ent Number of the limited liab	ility company is:_L1700006	4136
THIRD: The street address of the 8012 W 15 LANE	ne limited liability company's		
HIALEAH, FL 330	014		
The mailing address o	of the limited liability compan	y's principal office is:	
FOURTH: This statement of au position of a person in a company person on the following:			
·		erty held in the name of the co	mpany.
	: NOEL QUINTANA / 15 LANE HIALEAH, F	FL 33014	
b. No authori	ity granted to:		APR -9
2. May enter into other	er transactions on behalf of, o	r otherwise act for or bind, the	compan
	/ 15 LANE HIALEAH, F	FL 33014	
b. No authori	ity granted to:		
Musia.		NOEL QUINTA	NA
Signature of authorized represent	Filing Fee:	Typed or printed no \$25.00 \$30.00 (optional)	ame of signature

CR2E138 (2/14)