(Requestor's Name)	
(Address)	
(Address)	600311375516
(City/State/Zip/Phone #)	
(Business Entity Name)	04/09/1801013-003 * 30.00
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TO: ' Registration Section Division of Corporations

Q2 PROPERTY INVESTMENT GROUP LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to 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 report notification)

For further information concerning this matter, please call:

LINA QUINTANA	787	636-1756
	_ at ()
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E138 (2/14)

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: <u>Q2 PROPERTY INVESTMENT GROUP LLC</u>

SECOND: The Florida Document Number of the limited liability company is: L17000064143

THIRD: The street address of the limited liability company's principal office is:

8012 W 15 LANE

HIALEAH, FL 33014

The mailing address of the limited liability company's principal office is:

SAME

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: NOEL QUINTANA

8012 W 15 LANE HIALEAH, FL 33014

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company

a. Granted to : NOEL QUINTANA 8012 W 15 LANE HIALEAH, FL 33014

b. No authority granted to:

Signature of authorized representative

NOEL QUINTANA

Typed or printed name of signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E138 (2/14)