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(Requestor's Name)	
(Address) (Address)	700353951057
(City/State/Zip/Phone #)	
	10/20/20-+01020013 ++25.00
(Business Entity Name) (Document Number)	
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TO: Registration Section Division of Corporations

QUALITY 1 TRANSPORTATION LLC

SUBJECT: ____

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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:

MARIETTE TORIBIO

Name of Person

BRICK BUSINESS LAW, P.A.

Firm/Company

3413 W FLETCHER AVE

Address

TAMPA, FL 33618

City/State and Zip Code

MARIETTE, TORIBIO@BRICKBUSINESSLAW.COM

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

For further information concerning this matter, please call:

MARIETTE TORIBIO 813 816-1816

Name of Person

at (_____ Area Code) ______ Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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: ______QUALITY_1 TRANSPORTATION LLC

SECOND: The Florida Document Number of the limited liability company is: THIRD: The street address of the limited liability company's principal office is: 4119 Gunn Hwy Suite 17 TAMPA, FL 33618 The mailing address of the limited liability company's principal office is: 9712 Kings Canyon PL TAMPA, FL 33634 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:____ Ċ b. No authority granted to: SORENY MARIN-VARGAS <u>ි</u>.) පැ May enter into other transactions on behalf of, or otherwise act for or bind, the company. <u>.</u> Granted to : _____ a. No authority granted to: SORENY MARIN-VARGAS b. LUIS QUERO Signature of authorized representative Typed or printed name of signature \$25.00 Filing Fee:

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)