

L18000199346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

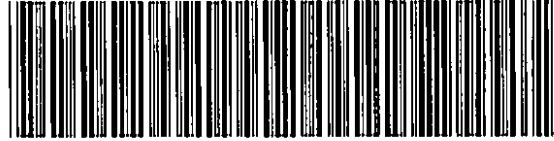
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

AUG 21 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. PAGE
AUG 21 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2018

QUINN DOWNING
34406 SMART DRIVE
ZEPHYRHILLS, FL 33541

SUBJECT: DBA, Q'S CONSULTING & PERMIT SERVICES LLC
Ref. Number: W18000073534

RE
2018 AUG 21 AM 10:56
IN CASE OF FILES

We have received your document for DBA, Q'S CONSULTING & PERMIT SERVICES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

DEPARTMENT OF CORPORATIONS DOES NOT HAVE ANYTHING TO DO WITH EXEMPTION.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 718A00016765

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Q'S CONSULTING + PERMIT SERVICES, LLC
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:

QUINN DOWNING
Name of Person

Q'S CONSULTING + PERMIT SERVICES, LLC
Firm/Company

34406 SMART DR. ZEPHYRHILLS, FL 33541
Address

ZEPHYRHILLS, FL 33541
City/State and Zip Code

MIGHTY Q ONE @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

QUINN DOWNING at (917) 204-5997
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|---|

Mailing Address

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Q'S CONSULTING + PERMIT SERVICES, LLC.

(Must contain 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:

34406 SMART DRIVE
ZEPHYRHILLS, FL 33541

Mailing Address:

34406 SMART DRIVE
ZEPHYRHILLS, FL 33541

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:

QUINN DOWNING

Name

34406 SMART DRIVE

Florida street address (P.O. Box **NOT** acceptable)

ZEPHYRHILLS, FL 33541

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.

Quinn Downing
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

QUINN DOWNING
34406 SMART DR
LEPHER HILLS, FL 33541

(Use attachment if necessary)

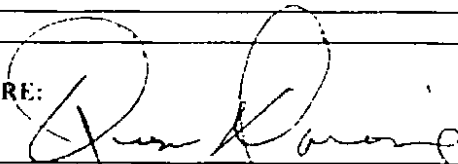
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: 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.

REQUIRED SIGNATURE:



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.

QUINN DOWNING

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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