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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC Account Number : 120170000097 Phone : (727)279-5037 Fax Number : (727)888-1294

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

Email Address: peacelq@yahoo.com

# FLORIDA LIMITED LIABILITY CO.

## FusionQs LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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Corporate Filing Menu



# **COVER LETTER**

December 14, 2018

To: New Filing Section
Division of Corporation

17278881294

Subject: <u>FusionQs LLC</u>
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:

Kalpesh J. Patel, Esq. FL Patel Law PLLC 360 Central Avenue 8<sup>th</sup> Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

2018 DEC 17 AM 11: 16
SECRETARY OF STATE
STATE AND ASSEE, FL

17278881294

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### **Articles Of Organization**

For FusionQs LLC

A

#### Florida Limited Liability Company

#### **ARTICLE I**

#### Name

The name of the Limited Liability Company is: FusionQs LLC (the Company).

#### **ARTICLE II**

#### **Address**

The mailing address and street address of the principal office of the Company is 136 Pompano Drive #C, Saint Petersburg, Florida 33705.

#### ARTICLE III

#### Registered Agent, Registered office, & Registered Agent's Signature:

The name and the Florida Street Address of the Registered Agent are:

Quincy Adam Craig 136 Pompano Drive #C Saint Petersburg, Florida 33705

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..

Quincy A. Craig (sign)

(CONTINUED)

2018 DEC 17 AM 11: 16 SECKETARY OF STATE

#### ARTICLE IV:

The Name and Address of each person authorized to manage and control the Limited Liability Company:

Title	Name and Address
AMBR = Authorized Member MGR = Manager	
AMBR	Ouincy Adam Craig 136 Pompano Drive #C Saint Petersburg, Florida 33705

#### **ARTICLE IV:**

The Effective d	ate shall	be the date of filing.	
Quincy	$\mathcal{A}_{\cdot}$	CITAIA	
9,000	<i></i>	(si	gn)

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.

Quincy Adam Craig	
Authorized Representative/Member	

2010 DEC 17 AM II: 17
SECRETARY OF STATE