

L19000129990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

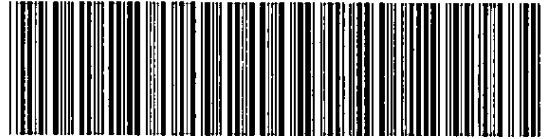
Per client would like to
change the name to
"QRAS, LLC"

5/22/2019

Office Use Only

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05/03/19--01028--022 **160.00

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: QROCS, 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:

JAMES M. OLIVER
Name of Person

LAW OFFICES OF JAMES M. OLIVER, P.A.
Firm/Company

3353 TAMiami TRAIL NORTH
Address

NAPLES, FL 34103
City/State and Zip Code

james@jamesoliverlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES M. OLIVER at (239) 241-8529
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$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

Street Address
New Filing Section
Division of Corporations
Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

QROCS, 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:

9209 QUARTZ LANE - UNIT 102
NAPLES, FL 34120

Mailing Address:

9209 QUARTZ LANE - UNIT 102
NAPLES, FL 34120

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:

JAMES M. OLIVER

Name

3353 TAMiami TRAIL NORTH

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

NAPLES, FL 34103

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..

James M. Oliver

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

see attached list

(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:

Investments

REQUIRED SIGNATURE

James M. Oliver
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.

James M. Oliver

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)

ROCS Partner List:

MBR

The Steven E. Brown and Shelly L. Brown Revocable Trust
9321 Granite Ct.
Naples, FL 34120

MBR

The David C. Bucco Revocable Trust
9209 Quartz Lane, Unit 102
Naples, FL 34120

MBR

Enzo Castellana Living Trust
1122 Autumnview Dr.
Rochester, MI 48307

MBR

Lee and Deborah Daniels
9550 Ironstone Terrace
Unit 201
Naples, FL 34120

MBR

Thomas D. Dick
9313 Quarry Dr.
Naples, FL 34120

MBR

The M. Rached Karanouh and Kimberly S. Karanouh Revocable Trust
9079 Breakwater Dr.
Naples, FL 34120

MBR

Keddie Revocable Living Trust
9060 Graphite Circle
Naples, FL 34120

MBR

Lloyd E. and Karen P. Schliep Living Trust
9225 Cypress Way