

L21000030384

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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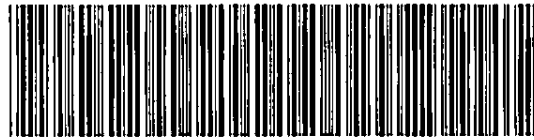
Certified Copies _____ Certificates of Status _____

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T. SCOTT



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2021 JAN 13 PM 12:58
FALLS CHURCH, VA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Quality Services Research 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:

Talia B Martinez Rodriguez
Name of Person
Quality Services Research LLC
Firm/Company
2804 Del Prado Blvd , Suite 106
Address
Cape Coral, FL 33904
City/State and Zip Code
tcm@tcmqualityservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Talia B Martinez Rodriguez 786 342-9555
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 checked="" 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Quality Services Research 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:

4720 SE 15th Ave

Suite 120

Cape Coral, FL 33904

Mailing Address:

2804 Del Prado Blvd S

Suite 106

Cape Coral, FL 33904

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:

Talia B Martinez Rodriguez

Name

2804 Del Prado Blvd S, Suite 106

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

Cape Coral

FL

33904

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.

T Martinez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 JAN 13 PM 12:58
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE STATE OF FLORIDA
SOUTHERN DISTRICT

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

Talia B. Martinez Rodriguez
906 NW 38th Ave
Cape Coral, FL 33993

MGR

Alexandra Olivera
12003 SW 15th St
Pembroke Pines, FL 33025

MGR

George Morales
1574 SW 154th Ave
Miami, FL 33194

(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.)

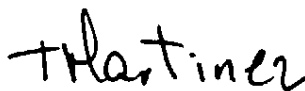
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

Ownership Percentages:

Talia B Martinez Rodriguez: 33.3% , Alexandra Olivera: 33.3 % , George Morales: 33.3 %

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.

Talia B Martinez Rodriguez

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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