

# L22000291195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

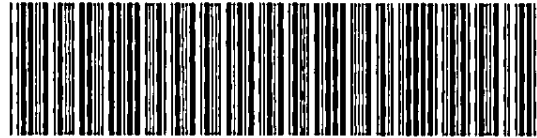
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/15/22--01019--003 \*\*130.00

2022 JUN 15 AM 5:31  
CLERK OF COURT  
CLERK OF COURT

213

June 9, 2022

Cover Letter for New Single Member LLC application

Owner - Camilla Quillin

Business Name - QuillCo Print + Promos

Address - 109 Ambersweet Way  
#344  
Davenport, FL 33897

Email- [milly@quillcoprinting.com](mailto:milly@quillcoprinting.com)

Phone Number - 615-957-8725

This is a new single member llc online business. This is a marketing business for other businesses. I sell letterhead, business cards, ink pens, stickers, presentation folders, etc to businesses. I get my products from production plants that sell the products to me. I have the production plants I buy from digitally imprint the logos that the businesses need onto the marketing items I sell. I own zero equipment nor do I hold or have inventory. The marketing items are shipped from whatever production plant I order from directly to the end user or business.

Thank you,

Camilla Quillin  
109 Ambersweet Way  
#344  
Davenport, FL 33897

2022 JUN 15 AM 5:31

**COVER LETTER**

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

QuillCo Print + Promos, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Camilla Quillin

\_\_\_\_\_  
Name of Person

QuillCo Print + Promos, LLC

\_\_\_\_\_  
Firm/Company

109 Ambersweet Way #344

\_\_\_\_\_  
Address

Davenport, FL 33897

\_\_\_\_\_  
City/State and Zip Code

Milly@quillcoprinting.com

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

For further information concerning this matter, please call:

Camilla Quillin

615

957-8725

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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  
Tallahassee, FL 32314

**Street Address**

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

QuillCo Print + Promos, 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:

109 Ambersweet Way #344

Davenport, FL 33897

Mailing Address:

109 Ambersweet Way #344

Davenport, FL 33897

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:

Camilla Quillin

Name

109 Ambersweet Way #344

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

Davenport

FL

33897

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, and 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.,*

Camilla Quillin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

AMBR

Camilla Quillin

109 Ambersweet Way #344

Davenport, FL 33897

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 06/09/2022 (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.

Single Member LLC

**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.

Camilla Quillin

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)