

1/10/23, 2:10 PM

L230000013844

Division of Corporations

## Florida Department of State

Division of Corporations

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000012359 3)))



H230000123593#BCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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

Email Address: ALLIEISKEY@GMAIL.COM

**FLORIDA LIMITED LIABILITY CO. Allison Lois Quiminiano**  
**~~Allie Q Realtor LLC~~ LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2023 JAN 11 PM 3:27

23 JAN 11 PM 3:35

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Allison Lois Quiminiano LLC

(Must end with 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:****Mailing Address:**5666 Midfielders Drive  
Pensacola, FL 325265666 Midfielders Drive  
Pensacola, FL 32526**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:

Allison Lois S. Quiminiano

Name

5666 Midfielders DriveFlorida street address (P.O. Box **NOT** acceptable)Pensacola

City

FL 32526

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.*

DocuSigned by:

Allison Lois S. Quiminiano

390C634C03CE4FB

Registered Agent's Signature (REQUIRED)

Allison Lois S. Quiminiano

(CONTINUED)

Page 1 of 2

23 JAN 11 PM 12:35

DocuSign Envelope ID: 475AF8E5-3FFB-4654-8E8E-632F2B414883

H23000012359

**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:**

Allison Lois S. Quiminiano

5666 Midfielders Drive

Pensacola, FL 32526

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

DocuSigned by:

Allison Lois S. Quiminiano

39CC83AC03CE4F9...

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Allison Lois S. Quiminiano

Typed or printed name of signer

23 JAN 11 PM 12:35