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.

(((H24000162573 3)))



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

•		
	$\sim$	•
ı	v	•

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:\_\_\_

## FLORIDA LIMITED LIABILITY CO. R.Q.C GENERAL LLC

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

## FILED

## ARTICLES OF ORGANIZATION 2024 HAY -3 PM 3: 14 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	COMPANY
The name of the Limited	
The name of the Limited Liability Company is	S:
	·
K. Q. (Seneva)	
ARTICLE II - Address:	
Company is:	
The mailing address and street address of the company is:	orncipal office of the Limited Liability
Cape Coral FI	\
W 02 00 10 10 10 10 10 10 10 10 10 10 10 10	DVersion
Lape ( ac) Fi	2006.
the coval of the	53493
ARTICLE III - Registered Agent, Registered Office	
The name and the Florida attack, Registered Office	ce:
Company cannot serve as its own Registered Agent V	egistered agent and
The name and the Florida street address of the resister of the	an individual or another business and
	only
MAUL QUINTANX	
	X
N. 62 W. 584V	Avenue.
Lage (on 1 123	20000
South CONOT HIS	5993
ARTICLE IV	
The name and title of each	
The name and title of each person authorized to m Liability Company: (MGR or AMBR)	anage and control the time.
( ) AMBR)	o — a control the Limited!
CAUL QUINTANA	
10.12102	LAMBRI
	<del></del>
	<del></del>
	<del></del>

Required Signature

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.

Typed or printed name of signee

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 ligree to act in this capacity. I further agree to comply with the provisions of all statutes teleting 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..

Registered Agent's Signature (REQUIRED)

Page 2 of 2