

124000244331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

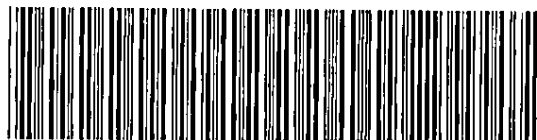
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400429633364

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2024 JUN -4 AM 9:47

DEPARTMENT OF STATE
TALLAHASSEE, FL

RECEIVED
2024 JUN -4 AM 11:18
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 06/04/24
Order #: 1523666-1
Re: QUALRT, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

I20000000195

AUTH

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the text 'AUTH' and the account number.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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STATE OF FLORIDA
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION
OF
QUALRT, LLC
(a Florida limited liability company)**

The undersigned, in forming a Florida limited liability company under the Florida Revised Limited Liability Company Act, Chapter 605 of the Florida Statutes, hereby adopts the following Articles of Organization:

ARTICLE I. NAME

The name of the limited liability company is **QualRT, LLC** (hereinafter, the "Company").

ARTICLE II. PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office of the Company shall be located at 1251 William D Tate Avenue, #219, Grapevine, Texas 76051. The mailing address of the Company shall be P.O. Box 219, Grapevine, Texas 76099.

ARTICLE III. AUTHORIZED PERSON

The name, title and mailing address of the person authorized to manage and control the Company are:

<u>Name and Address</u>	<u>Title</u>
QUALITY REVOCABLE TRUST	Manager
P.O. Box 219	
Grapevine, Texas 76099	

ARTICLE IV. REGISTERED AGENT AND REGISTERED OFFICE

The name and street address of the Company's registered agent and its registered office are **CORPORATION SERVICE COMPANY, 1201 Hays Street, Tallahassee, Florida 32301.**

The undersigned Authorized Representative has executed these Articles of Organization as of the 31st day of May, 2024.

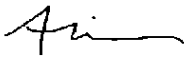
By: /s/ Driscoll R. Ugarte
Name: Driscoll R. Ugarte
Title: Authorized Representative

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2024 JUN -4 AM 9:27
TALLAHASSEE, FL
SECRETARY OF STATE

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

Having been named as registered agent and to accept service of process for **QualRT, LLC** at the place designated in Article IV of these Articles of Organization, **CORPORATION SERVICE COMPANY**, hereby accepts the appointment as registered agent, agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relating to the proper and complete performance of such duties. **CORPORATION SERVICE COMPANY** is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, F.S.

CORPORATION SERVICE COMPANY

By: 
Name: AMANDA MILLER
Title:

Date: May 31, 2024

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SECRETARY OF STATE
TALLAHASSEE, FL

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