

9/17/24, 10:52 AM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

L240003161233

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

(((H24000316123 3)))



H240003161233ABCW

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 : THE PERMENTER LAW FIRM, P.A.
Account Number : I20200000193
Phone : (352)622-1811
Fax Number : (352)622-1866

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

Email Address: tommy@permenterlaw.com

RECEIVED
2024 SEP 17 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO. QL Plantation, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 SEP 17 PM 4:52

H24000316123 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

QL PLANTATION, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

705 S.E. 15th Terrace
Ocala, Florida 34471

Mailing Address:

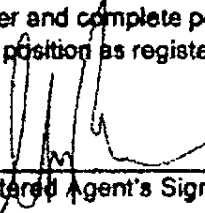
3911 N.E. 36th Avenue
Ocala, Florida 34479

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

STEVEN D. REDRICK
705 S.E. 15th Terrace
Ocala, Florida 34471

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

H24000316123 3

FILED
SECRETARY OF
STATE
SEP 17 PM 4:52
Tallahassee

H24000316123 3

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:

MGR

**STEVEN D. REDRICK
3911 N.E. 36th Avenue
Ocala, Florida 34479**

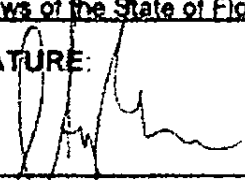
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

These Articles of Organization may be amended from time to time by consent of the members holding a majority of the voting interests of the Limited Liability Company, or otherwise in the manner now or hereafter prescribed in the Limited Liability Company's Operating Agreement, consistent with the laws of the State of Florida.

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.

STEVEN D. REDRICK

Typed or printed name of signee

H24000316123 3