

624000474157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

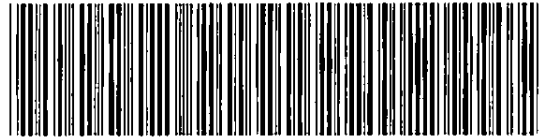
(Business Entity Name)

(Document Number)

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

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SENDER  
Filing  
10/10/24 10:15

October 2, 2024

Florida Dept. of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32301

Subj: Articles of Organization - QUALITY COMFORT PROPERTIES, LLC

Dear Sir:

Enclosed please find the following:

1. The original and one copy of the Articles of Organization for the subject limited liability company. Please certify one copy and return it to the undersigned.
2. My check in the amount of \$155.00 to cover the filing fees.
3. Designation of Resident Agent.

Kindly acknowledge filing of these Articles of Organization in compliance with Florida law and return the certified copy of the Articles of Organization to the undersigned at Atlantic Nonlawyer Services, Inc., 1592 N. Highway A1A, Satellite Beach, FL 32937. Telephone Number (321) 773-2020.

Thank you for your assistance in this matter.

Sincerely,

SOL B. GOODWIN



RECEIVED  
2024 OCT -7 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION  
OF  
QUALITY COMFORT PROPERTIES, LLC

ARTICLE I. NAME

The name of this Limited Liability Company is  
QUALITY COMFORT PROPERTIES, LLC

ARTICLE II. DURATION

This Limited Liability Company shall have perpetual existence.

ARTICLE III. PURPOSE

This Limited Liability Company is organized for the purpose of  
transacting any or all lawful business.

ARTICLE IV. PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office of the limited liability company is located  
at 4531 Bellaluna Drive, West Melbourne, Florida 32904 and the  
mailing address of the limited liability company is 4531 Bellaluna  
Drive, West Melbourne, Florida 32904.

ARTICLE V. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:

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

ATLANTIC NONLAWYER SERVICES, INC.  
1592 North Highway A1A  
Satellite Beach, FL 32937

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 with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

  
\_\_\_\_\_  
Registered Agent Signature

#### ARTICLE VI. MANAGEMENT

The name and address of each person authorized to manage and control the Limited liability Company:

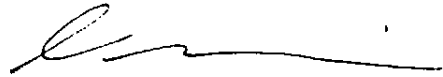
SOL B. GOODWIN - "AMBR"  
4531 Bellaluna Drive  
West Melbourne, Florida 32904

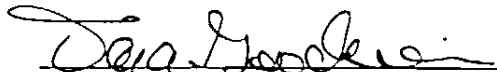
TARA L. GOODWIN - "AMBR"  
4531 Bellaluna Drive  
West Melbourne, FL 32904

#### ARTICLE VII. AMENDMENTS

This limited liability company reserves the right to amend or repeal any provision contained in these Articles of Organization, or any amendment hereto.

IN WITNESS WHEREOF the undersigned member has executed these articles of organization on this 2nd day of October, 2024.

  
SOL B. GOODWIN

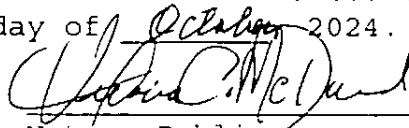
  
TARA L. GOODWIN

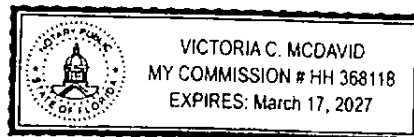
(In accordance with Section 605.0203 (1)(b), Florida Statutes, the executive of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

STATE OF FLORIDA  
COUNTY OF BREVARD

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, by means of physical presence, SOL B. GOODWIN and TARA L. GOODWIN to me known to be the person described as members in and who executed the foregoing Articles of Organization, and who acknowledged before me that they subscribed to those Articles of Organization and presented their FL/DL as their photo-identification.

WITNESS my hand and official seal in the County and State named above this 2nd day of October, 2024.

  
Notary Public



October 2, 2024

Florida Dept. of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32301

COPY

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Thank you for your assistance in this matter.

Sincerely,

SOL B. GOODWIN



ATLANTIC NONLAWYER SERVICES INC

294 E EAU GALLIE BLVD. PH. 321-773-2020  
INDIAN HARBOUR BEACH, FL 32937

13270

63-7432-670  
66

DATE 10/3/2024

CHECK 13270

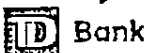
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ORDER OF

Division of Corporation

\$ 155.00

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DOLLARS



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Nader C. Greya

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