Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000073306 3)))



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TOI

Division of Corporations

From:

KANE AND KOLTUN, ATTORNEYS AT LAW Account Name

Account Number : Phone

120080000039 (407)661 1177

Fax Number (407)660-6031

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

Rmail Address:

dale@kaneandkoltun.com

Foreign Limited Liability Company **QSS Mgmt LLC**

Certificate of Status	0
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W13-18814

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April 2, 2013

FLORIDA DEPARTMENT OF STATE

KANE AND KOLTUN, ATTORNEYS AT LAW DIVISION of Corporations

SUBJECT: QSS MGMT LLC REF: W13000018814

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan Regulatory Specialist II FAX Aud. #: H13000073306 Letter Number: 913A00007639

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P.O BOX 6327 - Tallahassec, Florida 32314

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CR2E027 (9/10)

COVER LETTER

TO:

Registration Section Division of Corporations

GURDECT: QSS Mgmt LLC

Name of Limited Liability Company

see Fifthe enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

	Joshua Emanue	el				
		Name	of l'erson	<u></u>		
	QSS Mgmt LLC					
ω,		Pirm/	Company			
	145 Rte 45 West, Suite 304					
	100 <u>A. ₁₉₀ y</u>	A	ddress			
FCT	Wayne, New Je	rsey 074	70			
		City/State	and Zip Code			
3° +4	josh.emanuel@	qssmgmt	.com			
	E-mail addre	ss: (to be used fo	future annual report r	iollfication)		
Fór fu	rther information concerning this matter,	please call:				
1.	Dale Barnett	į	407 6	61-1177		
	Name of Person		nde & Daytime Teleph	one Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Hox 6327 Tallahassee, FL 32314	Division of Registration Clifton Bu 2661 Exec				
Enclo	osed is a check for the following ar \$125.00 Filing Fee \$130.00 Filing Fee Certificat		□ \$155.00 Filing Fee of Certified Copy	と 日 \$160,00 Piling P of Status & Cert		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

ı QSS MGMT LL

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APPLICATIO		ABILITY COMPANY FOR AUTHORIZATION SINESS IN FLORIDA	TO THE TOTAL PROPERTY OF THE P
	TH SECTION 608.503, FLORIDA STATI, OMPANY TO TRANSACT BUSINESS IN'I.	ITES, THE FOLLOWING IS SUBMITTED TO REGISTER A FO HE STATE OF FLORIDA:	DREIGN . S.
I. QSS MGMT			
(Name of Fore	ign Limited Liability Company; must inc	lude "Limited Liability Company," "L.L.C.," or "LLC.")	Y
	rs or managing members adopting the al	rose of transacting business in Florida and attach a copy of the viternate name. The alternate name must include "Limited Liabili	
_{2.} New Jersey	•	_{3.} 46-1932864	
(Jurisdiction under company is organize	the law of which foreign limited liability ed)	(FEI number, If applicable)	•
4. 2/1/13		5. perpetual	
(Dat	e of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	•
_{6.} 3/18/13			
•	(Date first transpoted business in I (See sections 608,501 & 608,502 F	lorida, if prior to registration.) S. to determine penalty liability)	•
7. 145 Rte 46	West, Sulte 304		
Wavne, Ne	ew Jersey 07470		
en Nage		ss of Principal Office)	
8. If limited liabili	ity company is a manager-manage	d company, check here 🔳	
9. The name and t	isual business addresses of the ma	naging members or managers are as follows:	:
Joshua En	nanuel		
145 Rte 48	West, Suite 304		
Wayne, Ne	ew Jersey 07470		
		00 days old, duly authenticated by the official having custody of recopy is not acceptable. If the certificate is in a foreign language, a	cords in
	case under oath of the translator must be s		
II. Nature of busi	ness or purposes to be conducted	or promoted in Florida:	
Manageme	ent services \		
		authorized representative of a member.	į
penult	ties of perjury that the facts stated herein are	ecution of this document constitutes an affirmation under the true, I am aware that any false information submitted in a	
docur	ment to the Department of State constitut	ies a third degree felony as provided for in s.817,155, F.S.)	
٠.	Joshua Emanuel Typed or printe	ed name of signee	

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

ALLED M. S. W. S. C. S. PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT, STATE OF FLORIDA.

1.	The name	of the	Limited	Liability	Company	is
----	----------	--------	---------	-----------	---------	----

QSS Mgmt LLC

If unavailable, the alternate to be used in the state of Florida is:

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

Jeffrey M. Koltun

(Name)

557 North Wymore Road, Suite 100

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Maitland

32751

City/State/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 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

Designation of Registered Agent \$ 25.00

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

QSS MGMT LLC

0400547149

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 1, 2013.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Joshua Emanuel 145 Us Highway 46 West Suite 304 Wayne, NJ 07470

THE STATE OF

Certification# 127923701

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 2nd day of April, 2013

Andrew P Sidamon-Eristoff
State Treusurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.Jsp