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Certified Copies	Certificates	s of Status
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Office Use Only



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SECHETARY OF STATE

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#### **COVER LETTER**

TO:

Registration Section

Division of Corporations
SUBJECT: Quantum Properties, LLC Name of Limited Liability Company
The 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:
Patricia G. Mims or Floyd W. Mims Name of Person
Quantum Properties, LLC Firm/Company
86 Fontaine Cir. Address
Crawfordville, Fl. 32327 City/State and Zip Code
Pgmims @ gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patricia G. Mins at (850) 976-7019  Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  System 125.00 Filing Fee



RECEIVED

15 JUL 23 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2015

PATRICIA G MIMS OR FLOYD W MIMS 86 FONTAINE CIR CRAWFORDVILLE, FL 32327

SUBJECT: QUANTUM PROPERTIES, LLC

Ref. Number: W15000047498

We have received your document for QUANTUM PROPERTIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer 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.

Tammy Hampton Regulatory Specialist III

Letter Number: 815A00014849

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Quantum Properties, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Quantum Matrix Properties And Investments, LLC
Quantum Matrix Properties and Investments, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. State of Neuada 3.  (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. Upon qualifaction
4. Upon qualifaction  (Date first transacted business in Florida, if prior to registration.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 701 N. Green Valley PKWY STEZOO
Henderson, NV 89074 (Street Address of Principal Office)
Henderson, NV 89074 (Street Address of Principal Office)  6. 701 N. Green Valley PKWY STEZOO
110 1 29074
Henderson, NV 89074 (Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Patricia G. Mins, Manager, 86 Fontaine Cir., Crawfordville, Fl. 3232
Floyd W. Mims, Manager, 86 Fontaine Cir., Crawforduille, Fl. 32327
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)  Signature of an authorized person  (In accordance with section 605.0203, F.S., 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
Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
Quantum Properties, LLC
If unavailable, the alternate to be used in the state of Florida is:
Quantum Matrix Properties And Investments, LLC
2. The name and the Florida street address of the registered agent and office are:
Patricia G. Mins (Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Crawfordville, FL. 32327 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 605, Florida Statutes.
Signature)  \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, QUANTUM PROPERTIES, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 15, 2015, and is in good standing in this state.

SENT OF THE SENT O

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 10, 2015.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150710-0982
You may verify this electronic certificate
online at http://www.nvsos.gov/