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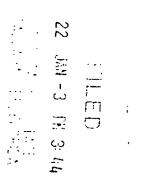
| (Re                     | equestor's Name)   |                    |
|-------------------------|--------------------|--------------------|
| (Ac                     | ddress)            |                    |
| (Ac                     | idress)            |                    |
| (Ci                     | ty/State/Zip/Phone | <del>&gt;</del> #) |
| PICK-UP                 | ☐ WAIT             | MAIL               |
| (Bu                     | usiness Entity Nan | ne)                |
| (Do                     | ocument Number)    |                    |
| Certified Copies        | Certificates       | of Status          |
| Special Instructions to | Filing Officer:    |                    |
|                         |                    |                    |
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Office Use Only



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T. LEMIEUX JAN - 5 2022

## COVER LETTER

| Quest Virtual Services, LLC  T:  |   |
|--|---|
| •• ——  | Name of Limited Liability Company   |
| sed "Application by Foreign Limite, and check are submitted to registe | ed Liability Company for Authorization to Transact Business in Florida," Corrected to the above referenced foreign limited liability company to transact business |
| urn all correspondence concerning t                                    | this matter to the following:   |
| Nancie Dudash  |   |
|  | Name of Person  |
| Quest Workspaces   |   |
| 44   | Firm/Company  |
| PO Box 1257  |   |
| + <del>=</del> 11  | Address   |
| Rockport TX 78381-1257   |   |
| ***************************************                                | City/State and Zip Code   |
| awesometeam@questworksp  | paces.com   |
| E-mail ad  | dress: (to be used for facure annual report notification)   |
| r information concerning this matte                                    | er, please call:  |
| Nancie Dudash  | 512 910-3737<br>at ()   |
| Name of Contact P  |   |
| Mailing Address:   | Street Address:   |
| Registration Section   | Registration Section  |
| Division of Corporations   | Division of Corporations  |
| P.O. Box 6327  | The Centre of Tallahassee   |
| Sallahassee, FL 32314  | 2415 N. Monroe Street, Suite 810  |
|  | Tallahassee, FL 32303   |

RECEIVED MAY 1 8 2021

MANA



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2021

NANCIE DUDASH P.O. BOX 1257 ROCKPORT, TX 78381-1257

SUBJECT: QUEST VIRTUAL SERVICES, LLC

Ref. Number: W21000154002

We have received your document for QUEST VIRTUAL SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 521A00029027

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

| (Name of Foreign                            | s, LLC  Limited Liability Company, must include "Limited"  | Lisbilii    | COMPANY THE COMPANY                        |                            | _   |
|---|--|-------------|--|----------------------------|-----|
|   | and the same of th | *2144171111 | y company, table, or the,                  |                            |     |
|   |  |             |  |                            |     |
| (If stame unavailable, enter alternate      | name adopted for the purpose of transacting business in Flor   | ida. The    | alternate name must melude "Limited Liabil | lity Company," "L.L.C," or | "LL |
| Delaware                                    | Delaware   |             | 86-118-7881                                |                            |     |
| 2. (Janisdiction under the law of v         | (Junisdiction under the law of which (or eign lumbed hability company is organized)  |             | (FEI number, if applicable)                |                            |     |
| en de la company                            | Security States of the second security of the second secon |             | (7.1.1 nonder,                             | п кряклок)                 |     |
| 11/1/2020                                   |  |             |  |                            |     |
| 4   | (Dete first transacted business in Florida, if prior to re   | e iss rario | e 1  |                            |     |
|   | (Dete first transacted business in Florids, if prior to re<br>(See sections 605,0904 & 605,0905, F.S. to determine   | penalty     | (lability)                                 |                            |     |
| Quest Workspaces                            |  |             | Quest Workspaces                           |                            |     |
| 5.<br>(Street Address of Principal Office)  |  | 6.          | (Marling Address)                          |                            | _   |
| 1256 11 11 11 11 11 11 11 11 11 11 11 11 11 |  |             |  |                            |     |
| 1395 Brickell Ave, Su                       | 1395 Brickell Ave, Suite 800   |             | PO Box 1257                                |                            |     |
|   |  |             |  | <del></del>                | _   |
| Miami, FL 33131                             |  |             | Rockport TX 78381-1257                     | 22                         |     |
| <del></del>                                 |  |             |  |                            | -   |
| 7. Name and street addre                    | ss of Florida registered agent: (P.O. Box )  | NOT         | ancentable)                                |                            |     |
|   | er or trouble regiments agent. (t.o. box )   | 13371       | acceptable)                                | ===                        |     |
|   |  |             |  | ံ ယ်                       | ,   |
| Name:                                       | Roy F. Glassberg   |             |  | <u></u>                    | ,   |
|   |  |             | <del>- '</del>                             |                            | `   |
| Office Address:                             | 6971 N. Federal Highway Suite 201  |             |  | ို့ မှ                     |     |
|   |  |             |  |                            |     |
|   | -Boca Raton  |             | 33487                                      |                            |     |

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: \_--Title or Capacity: Name and Address: Title or Capacity: Name and Address: Laura Kozelouzek Name: Roy F. Glassberg □Manager □ Manager Quest Workspaces Roy F. Glassberg CPA **■**Member Address: □Member PO Box 1257 6971 N. Federal Highway Suite 201 ☐ Authorized **■**Authorized Rockport TX 78381-1257 Person Boca Raton FL 33487 Person Other\_\_\_ \_\_\_\_\_ Other\_\_\_\_ []Other\_ Other □Manager Name: □Manager Name: ☐ Member Address: Address: \_\_\_\_\_ □ Member ☐ Authorized □ Authorized Person Person □ Other\_ Other\_ Other Other\_\_\_ □Manager Name: □Manager Name: \_\_\_\_\_ □Member Address: □Meniber Address: ☐ Authorized □ Authorized Person Person □Other □ Other Other\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form, 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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. Signature of an authorized person

WOZELOUZEK
Typed or printed name at signee

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "QUEST VIRTUAL SERVICES, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUEST VIRTUAL SERVICES, LLC" WAS FORMED ON THE SECOND DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 205077206

Date: 12-23-21

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