

L060000 70057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

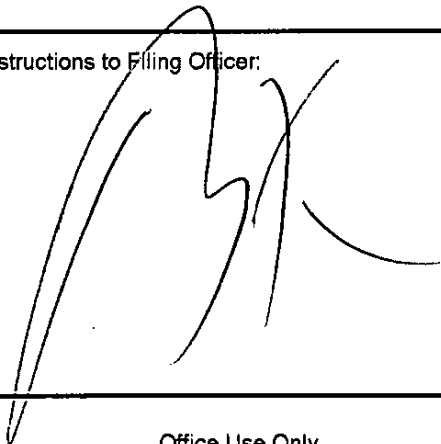
PICK-UP     WAIT     MAIL

(Business Entity Name)

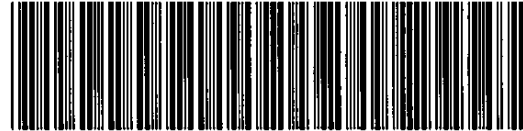
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2006 JUL 13 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**CORPORATION SERVICE COMPANY<sup>SM</sup>**

1201 Hays Street  
Tallahassee, FL 32301  
850-521-1000  
850-521-1010(fax)

Account Number: 072100000032

Client Account Number: \_\_\_\_\_

Cost Limit: 130.00

Authorization: \_\_\_\_\_

Contact: Heather Chapman x. 2908

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**Corporation Name(s) & Document number(s)**

1) IQ TECH, LLC

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Stamped Copy       Certified Copy       Good Standing

**Type of Filings:**

<u>New Filings</u>	<u>Amendment</u>	<u>Qualification</u>
___ Profit	___ Amendment	___ Profit
___ NFP	___ COA	___ NFP
<input checked="" type="checkbox"/> LLC	___ Dissolution/Withdrawal	___ LLC
___ LTD	___ Merger	___ LTD

**Other:**

\_\_\_ Annual Report      \_\_\_ Fictitious Name      \_\_\_ Reinstatement

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

IQ Tech, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

8525 NW 53rd Terra  
Sulte 211  
Miami, FL 33166

8525 NW 53rd Terra  
Suite 211  
Miami, FL 33166

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301  
City, State, and Zip

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*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, F.S..*

  
Registered Agent's Signature (REQUIRED)

Laura R. Dunlap  
Asst. V. Pres.

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Tomas Gonzalez Anleo

8525 NW 53rd Terra, Suite 211

Miami, FL 33166

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

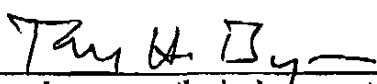
\_\_\_\_\_

(Use attachment if necessary)

**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.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ray H. Burgan

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)