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FLORIDA DEPARTMENT OF STATE
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**FLORIDA LIMITED LIABILITY CO.
QUALITY ALLIANCE USA LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY
EFFECTIVE JAN 01 2013**

ARTICLE I

The name of the Limited Liability Company is:

QUALITY ALLIANCE USA LLC

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

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ARTICLE II

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

Principal Office Address:
13076 NW 18 CT
PEMBROKE PINES, FL 33028

Mailing Address:
13076 NW 18 CT
PEMBROKE PINES, FL 33028

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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:

R&P ACCOUNTING & TAXES INC
Name

150 S.E 2ND AVE SUITE 1110

Florida street address (P.O. Box NOT acceptable)

MIAMI, FL. 33131
FL City, State, and 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, F.S

Registered Agent's Signature (REQUIRED)

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ARTICLE IV

*Manager(s) or Managing Member(s): The name and address of each
Manager or Managing Member is as follows:*

Title:

MGR

MAURICIO ARROYAVE
13076 NW 18 CT
PEMBROKE PINES, FL. 33028

MGRM

CHRISTIAN GONZALEZ
13076 NW 18 CT
PEMBROKE PINES, FL. 33028

(Use attachment if necessary)

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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.)*

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REQUIRED: SIGNATURE

Mauricio Arroyave

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.)

MAURICIO ARROYAVE
Typed or printed name of signee

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