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**FLORIDA LIMITED LIABILITY CO.  
QUALITY ALLIANCE USA LLC**

Certificate of Status	1
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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 2<sup>ND</sup> 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)*

**ARTICLE V**

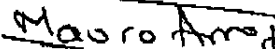
*Effective date, if other than the date of filing (OPTIONAL)  
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than five business days prior to or 90 days after the date of filing.)*

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**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.)*

**MAURICIO ARROYAVE**

*Typed or printed name of signee*

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