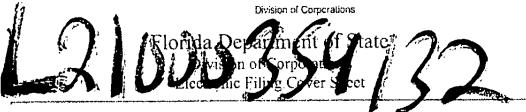
8/5/2021



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 : (305)444-4994 Phone Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO. REALTY LQ LLC

Certificate of Status 0 Certified Copy 1 03 Page Count \$155,00 Estimated Charge

AUS 0 6 2021

T. SCOTT

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Realty LQ LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "L.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:

1350 NE 191 St, Unit 208, North Miami Beach, FL, 33179 1350 NE 191 St, Unit 208, North Miami Beach, FL, 33179

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 unother business entity with an active Florida registration.)

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

Vivian Lorena Lopez Quintero

Name

1350 NE 191 St, Unit 208

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

North Miami Beach

C1

33179

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 heraby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all sugates 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, F.S..

Page Lof 2

(CONTINUED)

Vivian Lopez
Registered Agent's Signature (REQUIRED)

289 AUG -5 AH III: 30

From: Yanet Avile

<u>l'itle:</u>	Name and Address:
'AMBR" - Authorized Member	
'MGR" = Manager	Sandra Veronica Lopez Quintero
AMBR	1020 Grand Concourse Apt 8X
	Bronx, NY, 10451
444DD /84CD	Vivian Lorena Lopez Quintero
AMBR/MGR	3501 21st Ave. 1B
	Astoria, NY, 11105
	Catalina Lopez-Quintero
AMBR	1713 NW 71St
	Gainesville, FL 32605
	Contravilled to Second
EV: Effective date, if other than the crive date is listed, the date must b	date of filing:
ective date is listed, the date must b	ie specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will no
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E.V: Effective date, if other than the crive date is listed, the date must he filing.) the date inserted in this block does ment's effective date on the Department's effective date on the Department's Other provisions, if any. REOURED SIGNATURE: Signature of This document is earn aware that any constitutes a third department of the constitutes a third department of the constitutes at the	with the specific and cannot be more than five business days prior to or 9 bot meet the applicable statutory filing requirements, this date will not next of State's records. Vivian Lopez a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b). Florida Statutes false information submitted in a document to the Department of State