

W050000059177

Florida Department of State  
Division of Corporations  
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(3)

## Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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DIVISION OF CORPORATIONS

## LIMITED LIABILITY COMPANY

## ACE QUEST, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is: Ace Quest, L.L.C.

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 6365 Collins Avenue, #1509, Miami Beach, Fl 33141.

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature: Lydia Acevedo**

The name and the Florida street address of the registered agent are: 6365 Collins Avenue, #1509, Miami Beach, Fl 33141.

Name  
Lydia Acevedo

Florida Street address (P.O. Box **NOT** acceptable)  
6365 Collins Avenue, #1509

City, State and ZIP  
Miami Beach, Fl 33141

*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

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**ARTICLE IV - Management (Check box if applicable)**

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

(An additional Article must be added if an effective date is requested)

  
\_\_\_\_\_  
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.)

**Lydia Acevedo**  
Typed or printed name of signee

\_\_\_\_\_  
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.)