

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
FQP SUPPLIES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2018 AUG 28 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

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Electronic Filing Menu

Corporate Filing Menu

Help

**Florida Department of State**  
**Attention: New Filings Section**

To whom it may concern:

This is to advise that the owners of

FQP Supplies LLC

of Document # M 15 000004512

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

Carla Carle +  
SECRETARY OF STATE  
TALLAHASSEE, FL  
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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

FQP SUPPLIES LLC

**ARTICLE II - Address:**

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

801 N VENETIAN DR # 608  
MIAMI BEACH, FL 33139

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

MARTORELLIS Office Corp.  
11046 West Flagler St.  
MIAMI, FL 33174

**ARTICLE IV:**

The name and title of each person authorized to manage and control the Limited Liability Company:

AMBR- CARLA CARLETTI  
801 N VENETIAN DR # 608  
MIAMI BEACH, FL 33139

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Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

CARLA CARLTTI  
Typed or printed name of signee

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 605, F.S..

  
Registered Agent's Signature (REQUIRED)

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