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SECRETARY OF STATE TALLAHASSEE, FLORIDA

LED

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COVER LETTER

Division of Corp				
Sittle and of Sup				
SUBJECT: MAQ Inve	estments @ Tampa, LLC			
		imited Liability Company)		
The enclosed Articles	of Organization and fee(s	s) are submitted for filing.		
Please return all corre	espondence concerning th	is matter to the following:		
Miguel A. Ques	ada 🎹			
		(Name of Person)		
MAQ Investmen	nts @ Tampa, LLC	(E:)		
		(Firm/Company)		
6340 Moultrie P	No.			
4540 MOditire F	iace	(Address)		
			ALE SE	700
Miami Lakes, F	L 33014		AR AR	<u>-</u>
		ty/State and Zip Code)	ASS	
			SEE S	
For further information	n concerning this matter, p	olease call:	F. F.	U
			OR A	Ö
Andrew Siegerman		54-796-4050		_ ₩
(Name of	Person)	(Area Code & Daytime	Telephone Number)	_
Enclosed is a check for	or the following amount:			
X \$125.00 Filing Fee	\$130.00 Filing Fee	\$155.00 Filing Fee	\$160.00 Filing Fee	
4	& Certificate of Status	& Certified Copy (additional copy is enclosed)	Certificate of Status &	į.
		(additional copy is enclosed)	Certified Copy (additional copy is enclose	d)
Mailing	Addross	Street/Causia	A abalan	

Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

~MAQ Investments @ Tampa, LLC

MAQ investments @ Tampa, LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Al	RT	ΊC	LE	1 -	Na	m	e	
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The name of the Limited Liability Company is:

(Must end with the words Limited Liability Company, Limit	red Company of their appreviation LLC, or L.C	%)
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
MAQ Investments @ Tampa, LLC	MAQ Investments @ Tampa, LLC	
6340 Moultrie Place	6340 Moultrie Place	
Miami Lakes, FL 33014	Miami Lakes, FL 33014	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the name and the name and the florida street address of the name and the name	egistered Agent. You must designate an individual	•
Miguel A. Quesada	Nom -	mi≺ — — —
6340 Moultrie Place Florida stre	eet address (P.O. Box <u>NOT</u> acceptable)	P 2: 36 (OF STATE E. FLORIDA
Miami Lakes	_ FL 33014	

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..

City, State, and Zip

Registeres Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

A. QUEGADA III

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Typed or printed name of signee