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| (Re | equestor's Name) | · · · · · · · · · · · · · · · · · · · |
|-------------------------|--------------------|---------------------------------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations |
|---------|--|
| SUBJE | CCT: Quich-N-Easy Tax Services WC. (Name of Limited Liability Company) |
| The en | closed Articles of Organization and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | Madeline Jimenez-Santana (Name of Person) |
| | QUICK-N-Easy Tax Services LC (Firm/Company) |
| | 18495 South Dixie Highway NO. 355 |
| | Miami, FL 33157-6817 (City/State and Zip Code) |
| For fur | ther information concerning this matter, please call: |
| Mad | (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number) (Seed is a check for the following amount: |
| Enclos | sed is a check for the following amount: |
| \$125. | 00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160 EF Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | |
|---|------|
| | • |
| Quick - N- Egsy Tax Services | LLC. |
| (Must end with the words "Limited Liability Company, "L.L.C.," or "LL | |

ARTICLE II - Address:

ARTICLE I - Name:

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

| Principal Office Address: | Mailing Address: |
|---------------------------|---------------------------|
| 18495 South Dixie Highway | 18495 Bouth Dixle Highway |
| NO.355 | No. 365 |
| 41ami, FC 33157-6817 | HIAMI , FL 33157-6817 |

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:

| Madeline Jimenez Santana = | ~ | |
|--|------|---|
| Name , | 2001 | |
| 18495 South Dixie Highway NO. 355 | 330 | |
| Florida street address (P.O. Box NOT acceptable) | ψ | - |
| Miami FL 33157-6817 | ט | |
| City, State, and Zip | ښ | O |

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.

Madeline & Lautana
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|---|
| HGR | Madeline Jimenez - Santana 18495 South Dixie Highway No Miami IFL 33157-6817 |
| | |
| | ZIDI) DEC - 3 SEURETAR SEURAHASS |
| | T T |
| (Use attachment if necessary) | 3: 16 ORIDA |
| ffective date is listed, the date must days after the date of filing.) | ORITE |
| LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) REOUIRED SIGNATURE: | be specific and cannot be more than five business da |
| LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) REOUIRED SIGNATURE: Signature of a member of this document contract the facts stated | be specific and cannot be more than five business da Lautana ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury |

ARTICLE IV- Manager(s) or Managing Member(s):

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