

L100000066055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

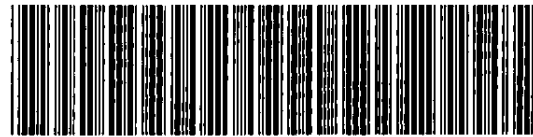
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100182328671

06/21/10--01041--018 \*\*125.00

EFFECTIVE DATE

6/14/2010

B. KOHR

JUN 23 2010

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUN 21 AM 9:13

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

EFFECTIVE DATE 6/14/2010

SUBJECT: A.P. QUALITY HOLDINGS, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEANETTE BOBEA

Name of Person

RAMON REYES PA

Firm/Company

5035 PALM AVENUE

Address

HIALEAH, FL 33012

City/State and Zip Code

JEANETTE@PROSPERITYTRUSTUS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEANETTE BOBEA

at ( 305 )

822-3306

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

10 JUN 21 AM 9 13  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

EFFECTIVE DATE

6/14/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A.P. QUALITY HOLDINGS, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

7134 NW 35 AVENUE

MIAMI, FL 33147

Mailing Address:

P.O. BOX 523946

MIAMI, FL 33152

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:

ALEJANDRO PUIG

Name

7134 NW 35 AVENUE

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

MIAMI

FL 33147

City, State, and 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 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 (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

ALEJANDRO PUIG

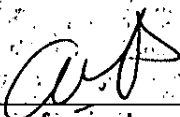
7134 NW 35 AVENUE

MIAMI, FLORIDA 33147

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing, JUNE 14, 2010. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

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

ALEJANDRO PUIG

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

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

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**