	Division of Corporations Electronic Filing Cover Sheet	F
	e print this page and use it as a cover sheet. Type the fax audit numb own below) on the top and bottom of all pages of the document.	er .
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Note: DO N	NOT hit the REFRESH/RELOAD button on your browser from this pag Doing so will generate another cover sheet.	
To:	Division of Corporations Fax Number : (850)617-6383	2013 JAN 29
Fro	m: Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591	AM 8:08
	email address for this business entity to be used for fut report mailings. Enter only one email address please.**	ure
E.FLORIDA	FLORIDA LIMITED LIABILITY CO. GRUPO CUATRO, LLC	·
SECRETARY IALLAHASSE	Certificate of Status0Certified Copy1Page Count02Estimated Charge\$155.00JAN 3	
	EXAMIN	

https://efile.sunbiz.org/scripts/efilcovr.exe

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GRUPO QUATRO, 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:	<u>Mailing Address:</u>		
2050 CORAL WAY, SUITE 512	2050 CORAL WAY, SUITE 512		
MIAMI, FL 33145	MIAMI, FL 33145		

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:

JOSEPH F. C	CABANAS - CABANAS & ASSOCIATES, P.A.
	Name
10520 NW 26	TH STREET, SUITE C-201
	Florida street address (P.O. Box NOT acceptable)
DORAL	_{FL} 33172
	City, State, and Zip

2013 JAN 29

AH 8:

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.

Agent's Signature (Required) egis ъł (CONTINUED)

Page 1 of 2

ACTION IA- Manager(s) or Mana	FILED SECRETARY OF STATE Aging Intemder(s): DIVISION OF CORPORATION:
The name and address of each Manag	er or Managing Member is as follows: ZUIJ JAN 29 AM 8: 08
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	CARDENAS, CARLOS A.
	2050 CORAL WAY, SUITE 512
	MIAMI, FL 33145
MGRM	MONTAGNE, VICTOR E.

MIAMI, FL 33145 MONTAGNE, VICTOR E. 2050 CORAL WAY, SUITE 512 MIAMI, FL 33145 GUINAND MCKINSTRY, GUSTAVO 2050 CORAL WAY, SUITE 512 MIAMI, FL 33145 OTAOLA, EDUARDO I. 2050 CORAL WAY, SUITE 512 MIAMI, FL 33145

(Use attachment if necessary)

MGRM

MGRM

ARTICLE V: Effective date, if other than the date of filing: _______ (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.)

REOUIRED SIGNATURE:

Signature of a member or an nuthorized 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. 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.)

CARDENAS, CARLOS A.

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)