

MAR/27/2013/WED 12:55

3/27/13

FAX No.

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000069708 3)))



H130000697083ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

13 MAR 27 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
QUEQUEN, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 27 AM 9:59

FILED

MAR 28 2013

MAR/27/2013/WED 12:55 PM

03/27/2013 WED 10:09 FAX

FAX No.

P:002

0002/002

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The name and address of this Limited Liability Company shall be:

Quequen, L.L.C

ARTICLE II - ADDRESS

8500 West Flagler Street Suite B-209

MIAMI, FL 33144

**ARTICLE III - NAME OF REGISTERED
AGENT, ADDRESS OF REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE**

The name and street address of the L.L.C.'s initial registered resident agent shall be:

**Miguel A. Hernandez
C/O 8500 WEST FLAGLER STREET
SUITE B-209
Miami, FL 33144**

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

FILED
13 MAR 27 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR/27/2013/WED 12:55 PM

03/27/2013 WED 10:13 FAX

FAX No.

P. 003

001/001

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is; therefore, a manager-managed company.

Maria Isolina Sette "MGRM"

8500 West Flagler Street Suite B-209

MIAMI, FL 33144

Roberto Mario Moro "MGRM"

8500 West Flagler Street Suite B-209

MIAMI, FL 33144


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.)

Printed name of signature