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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUN 24 2013

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **INDEPENDENT QUEST 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:

**Julia Greenberg-Aguilar**

Name of Person

**MyUSAcorporation.com**

Firm/Company

**40 Exchange Place STE 1301**

Address

**New York, NY 10005**

City/State and Zip Code

**royrosado@hotmail.com**

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

For further information concerning this matter, please call:

**Julia Greenberg-Aguilar**

Name of Person

at ( **877** ) **330-2677**

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**INDEPENDENT QUEST 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:

2650 SW 37TH AVENUE #602  
MIAMI, FL 33133

### Mailing Address:

2650 SW 37TH AVENUE #602  
MIAMI, FL 33133

## 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:

Incorp Services, Inc

Name

17888 67th Court North

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

Loxahatchee

FL

33470

City, State, and Zip

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*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..*

J. B. Spitzer (Attorney-in-fact)  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

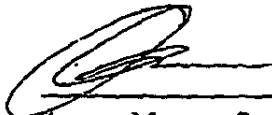
**SPECIAL AND REVOCABLE**  
**LIMITED POWER OF ATTORNEY**

TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Julia Greenberg-Aguilar and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

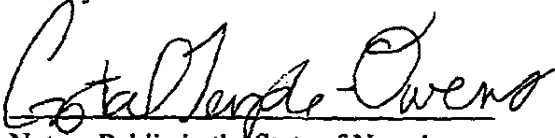
Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which \*Selene Enterprises LLC dba MyUSA corporation.com\* have purchased agent service on through their account with InCorp Services, Inc.

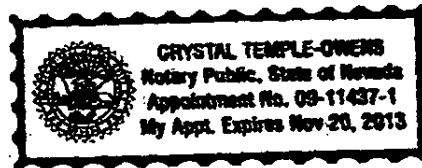
TERMINATION: Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2013.

  
\_\_\_\_\_  
Aurora Murtey, Secretary

Dated: December 10, 2012

Signed in my presence this the 10<sup>th</sup> day of December 2012 by Aurora Murtey, State of Nevada.  
County of Clark

  
\_\_\_\_\_  
Notary Public in the State of Nevada



**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:**

MGRM

ROY ROSADO

AV. REPUBLICA 48 #4D

LISBON, PORTUGAL

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

(Use attachment if necessary)

**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.)

**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. 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.)

Julia Greenberg- Aguilar (Authorized Representative)

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)**