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.

(((H14000148761 3)))



H140001497613ABC%

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

والأراب في مودم وما الرحية بمدورة بالمسابق المدور الأراب المعادر الما المعادر الما

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305) 552-5973

Fax Number

: (305)675-5944

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

Email Address:

FLORIDA LIMITED LIABILITY CO. QP INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

•
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
QP Investments, LLC
(Must end with the words "Limited Limbility 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: Mailing Address:
201 NW 40 ave same
MIAMI FL 33126
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:
Ulusses Hernandez
Name
261 NW 40 are
Florida street address (P.O. Box NOT acceptable)
Miami = 33120
City 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 Chappes 603, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGRM	Ulusses Hernandez
	
(Use attachment if necessary)	
ective date is listed, the date must be s of filing.)	ste of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the da ective date is listed, the date must be sof filing.)	ste of fiting: (OPTIONAL) specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the da ective date is listed, the date must be s of filing.)	ste of fiting: (OPTIONAL) specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of many (in accordance with section constitutes an affirmation I am aware that any false	member or an authorized representative of a member, on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State to Felony as provided for in s.817.15S, F.S.)