

#L 15000044020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE
3-5-2015

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15 MAR 11 AM 11:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAR 11 AM 9:35

K. SALY
EXAMINER
MAR 12 2015



1000 Ponce de Leon Blvd. Suite: 105
 Coral Gables, FL 33134
 Phone: 305-444-4994
 Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. QFD Solutions LLC
 (CORPORATE NAME) (DOCUMENT #)
2. _____
 (CORPORATE NAME) (DOCUMENT #)
3. _____
 (CORPORATE NAME) (DOCUMENT #)

☐ Walk-In
 ☒ Pick up time: _____
 ☒ Certified Copy
 ☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
3-5-2015

QED SOLUTIONS 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:

Mailing Address:

6910 NW 50TH STREET

6910 NW 50TH STREET

SUITE 5391

SUITE 5391

MIAMI, FL 33166

MIAMI, FL 33166

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:

JUAN C. CONVERS

Name

6910 NW 50TH STREET SUITE 5391

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

MIAMI

FL 33166

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 Chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

JUAN C. CONVERS - 80%

6910 NW 50TH STREET SUITE 5391

MIAMI, FL 33166

MGR

IVONNE GUTIERREZ - 20%

6910 NW 50TH STREET SUITE 5391

MIAMI, FL 33166

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 5, 2015 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

JUAN C. CONVERS

Typed or printed name of signee

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