

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

94958.

**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.**

(((H15000124280 3)))



H150001242803ABCX

**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 : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*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.  
FORTRESS CLOUD NORTH AMERICA, LLC**

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

RECEIVED

15 MAY 21 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDARECEIVED  
TALLAHASSEE, FLORIDA

15 MAY 22 AM 9:17

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H15000124280

ARTICLES OF ORGANIZATION FOR FORTRESS CLOUD NORTH AMERICA, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: FORTRESS CLOUD NORTH AMERICA, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: c/o 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida 33133.

ARTICLE III -

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are: Samuel Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida 33133.

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, Florida Statutes.

  
Registered Agent's Signature

Article IV

The name and address of each person authorized to manager and control the Limited Liability Company (AMBR = Authorized Member / MGR = Manager):

Title:

Manager

Name and Address:

Enrique Daunert Armillas

c/o Samuel S. Blum, Esquire

2666 Tigertail Avenue, #106

Coconut Grove, Florida 33133

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 Section 817.155, Florida Statutes)

Enrique Daunert Armillas

Type or printed name of signee

Samuel Spencer Blum

ATTORNEY AT LAW

2666 TIGERTAIL AVENUE, SUITE 106 COCONUT GROVE, FLORIDA 33133 TELEPHONE: (305) 854-1888 TELEFAX: (305) 954-3314  
E-MAIL: sam@samblum.com

H15000124280