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## FLORIDA LIMITED LIABILITY CO. gFuturo, LLC

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6/22/2015

	A PM From: To: 8506176381( 2/4 )
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,	COVER LETTER
	gistration Section vision of Corporations
	qFuturo, LLC
SUBJECT:	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	Cailin M. Harris
•	Name of Person
	Brown Rudnick LLP
	Firm/Company
	One Financial Center
	Address
	Boston, MA 02111
	City/State and Zip Code
9	charris@brownrudnick.com
<b>.</b>	E-mail address: (to be used for future annual report notification)
	formation concerning this matter, please call:
	Cailin M. Harris 617 856-8470
•	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\int \text{\$155.00 Filing Fee & Certificate of Status}\$\int \text{Certified Copy (additional copy is enclosed)}\$\int \text{Certified Copy (additional copy is enclosed)}\$

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New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ORGANIZATION FOR I	FLORIDA LIMITED I	JABILITY COMPANY	# F
ty Company is:			Υ,
mith the second #1 instead	Il ishilin Company	W L C Postd I C W	
with the words. Fillithed	Liability Company,	L.L.C., OF L.L.C.	
ddress of the principal o	ffice of the Limited I	Liability Company is:	
ni Office Address:		Mailing Address:	
	2220	20th St. NW	
Gabriel Sanchez Zinz	Name		
2627 South Bayshore	Drive #2303		
Florida street addres	s (P.O. Box <u>NOT</u> ac	ceptable)	
Miami	Florida	33131	
City	State	Zip	
, I hereby accept the upp rovisions of all statutes ri bligations of my position	ointment as tegistere elating to the proper as registered agent).	d agent and agree to act in this and complete performance of t s provided for in Chapter 605,	capacity. 1 my duties, and 1
	with the words "Limited ddress of the principal of all Office Address:  ent, Registered Office, reannot serve as its own active Florida registered address of the registered Gabriel Sanchez Zim Florida street address Miami  City agent and to accept serve. I hereby accept the upprovisions of all statutas religations of my position	with the words "Limited Liability Company, ddress of the principal office of the Limited I all Office Address:  2220 Wash 20009 ent, Registered Office, & Registered Agent reannot serve as its own Registered Agent. Y active Plorida registration.)  address of the registered agent are:  Gabriel Sanchez Zinny Name  2627 South Bayshore Drive #2303 Florida street address (P.O. Box NOT active City State  Agent and to accept service of process for the I hereby accept the appointment as pagistere rovisions of all statutes relating to the proper,	ddress of the principal office of the Limited Liability Company is:  All Office Address:  Mailing Address:  2220 20th St. NW  Washington, DC  20009  ent, Registered Office, & Registered Agent's Signature: cannot serve as its own Registered Agent. You must designate an individuantive Florida registration.)  address of the registered agent are:  Gabriel Sanchez Zinny  Name  2627 South Bayshore Drive #2303  Florida street address (P.O. Box NOT acceptable)  Miami Florida 33131  City State Zip  agent and to accept service of process for the above stated limited liability of the project and complete performance of obligations of my position as registered agent as provided for in Chapter 605,

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Gabriel Sanchez Zinny
	2220 20th St. NW
	Washington, DC 20009
	<del></del>
fective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the difective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 da or meet the applicable statutory filing requirements, this date will not be
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