

**L16000029747**

**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : LAW OFFICE OF GERALD K. SCHWARTZ, A.  
Account Number : I20080000083  
Phone : (305) 673-1101  
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**FLORIDA LIMITED LIABILITY CO.  
URQ & SONS, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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**COVER LETTER**

**TO:                   REGISTRATION SECTION  
                      DIVISION OF CORPORATION**

**SUBJECT:            NEW FILING URQ & SONS, LLC**

**The enclosed Articles of Organization and Fees(s) are submitted for filing. Please return all correspondence concerning this matter to the following:**

**Gerald K. Schwartz, Esq.  
1691 Michigan Avenue  
Suite 360  
Miami Beach, Florida 33139  
Telephone: 305-673-1101**

**Email Address:       gks@geraldklaw.com**

**\$160.00 Filing Fee  
Certificate Status & Certified Copy**

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**ARTICLES OF ORGANIZATION  
FOR  
URQ & SONS, LLC  
a Florida limited liability company**

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

**ARTICLE I- NAME:**

The name of the limited liability company is: **URQ & SONS, LLC**

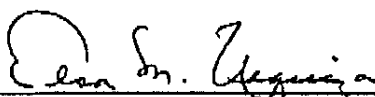
**ARTICLE II- ADDRESS:**

The address of its principal place of business, as well as the mailing address for this limited liability company is: **URQ & SONS, LLC, , c/o Elsa M. Urquiza, 227 E. Rivo Alto Drive, Miami Beach, Florida 33139.**

**ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

The name and the Florida address of the registered agent are: **Elsa M. Urquiza, 227 E. Rivo Alto Drive, Miami Beach, Florida 33139.**

Having been named as registered agent and to accept service of process for the above state 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.

  
\_\_\_\_\_  
Elsa M. Urquiza, Registered Agent

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ARTICLE IV

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

TITLE:

NAME AND ADDRESS:

Manager

Elsa M. Urquiza  
227 E. Rivo Alto Drive  
Miami Beach, Florid 33139

ARTICLE -V - Effective Date, if other than the date of filing: \_\_\_\_\_(Optional)

ARTICLE- VI- Other provisions, if any.

REQUIRED SIGNATURE:

  
\_\_\_\_\_  
ELSA M. URQUIZA, Authorized Signature

*(In accordance with Section 605.0203 (1)(b), Florida Statute, 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 817.155.F.S.)*

FILED  
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TALLAHASSEE FLORIDA

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