

Division of Corporations

Division of Corporations

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**L18000048746**

**Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : R&P ACCOUNTING AND TAXES INC  
Account Number : T20170000090  
Phone : (305) 358-1310  
Fax Number : (305) 503-6701

**\*\*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.  
HOST 4U LLC**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

**HOST 4U LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation  
"LLC," or "L.C.,")*

**ARTICLE II**

*The mailing address and street address of the principal office of the Limited Liability  
Company is:*

**Principal Office Address**

3636 SW 2<sup>ND</sup> ST  
MIAMI, FL 33135

**Mailing Address**

3636 SW 2<sup>ND</sup> ST  
MIAMI, FL 33135

### **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:*

**R&P ACCOUNTING & TAXES, INC**

Name

**200 SE 1<sup>ST</sup> STREET, SUITE #604**

*Florida Street address (P.O. Box NOT acceptable)*

**MIAMI, FL 33131**

*FL City, State, and 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*

X

***Registered Agent's Signature (REQUIRED)***

#### **ARTICLE IV**

***MGR=Manager(s) or AMBR= AUTHORIZED Member(s):***

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

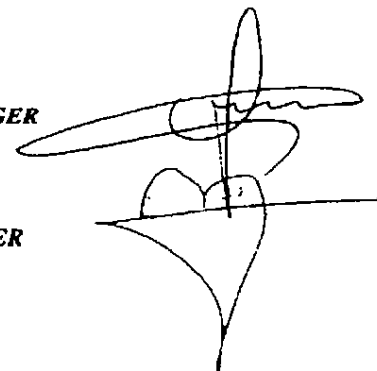
***Title:***

***PETER QUINAN  
3636 SW 2<sup>ND</sup> ST  
MIAMI, FL 33135***

**MANAGER**

***NILDETE QUINAN  
3636 SW 2<sup>ND</sup> ST  
MIAMI, FL 33135***

**MANAGER**

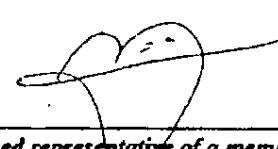
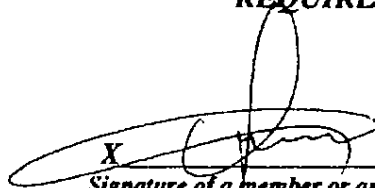
Handwritten signatures of Peter Quinan and Nildete Quinan. The signature for Peter Quinan is a stylized, cursive 'P' with a long horizontal stroke. The signature for Nildete Quinan is a stylized, cursive 'N' with a long vertical stroke.

#### **ARTICLE V**

***Effective date, if other than the date of filing (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.)***

**REQUIRED: SIGNATURE**

  
*Signature of a member or an authorized representative of a member.*  
**PETER QUINAN / NILDETE QUINAN**

*(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.)*

**ARTICLE VI**

*The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

***The main objective of the company is: TOURS, SHOPPING & PROPERTY RENTAL***

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STATE OF FLORIDA