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FLORIDA LIMITED LIABILITY CO.
ZQ DATA RECOVERY LLC

Certificate of Status	0
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J. FASON

SEP 30 2019

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

ARTICLE I- Name

The name of the Limited Liability Company is:

ZQ DATA RECOVERY LLC

ARTICLE II- Address:

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

Principal Office Address
7105 SW 8TH STREET
SUITE 306
MIAMI FLORIDA 33144

Mailing Address
7105 SW 8TH STREET
SUITE 306
MIAMI FLORIDA 33144

ARTICLES III-

Other provisions if any

ANY PURPOSE

ARTICLES IV- Register Agent, Register Office & Register Agent's Signature:)

(The Liability Company cannot serve as its own Register 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:

**ALEJANDRO RUIZ
7105W 8TH STREET
SUITE 306
MIAMI FLORIDA 33144**

Having been named as register 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 register 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 register agent as provided for in Chapter 605 FS

Registered Agent's Signature (REQUIRED)

20190927 11:11 AM
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES V- Manager {s} or Managing Member [s] of each Manager or Managing Member is as follows:


Title:

ALEJANDRO RUIZ AMGR
7105 SW 8TH STREET
SUITE 306
MIAMI FLORIDA 33144

FRANCISCO MARCHAN AMGR
7105 SW 8TH STREET
SUITE 306
MIAMI FLORIDA 33144

ARTICLE VI: effective date, if other than the date filing 04/19/16 (If an effective date listed, the date must be specific and cannot be more than five business days prior to or days after the date filing)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section (805.0203 (1) (B) Florid statutes ,I am aware that any false information submitted in a document to th Department of State constitutes third degree felony as provide for in s. 817.15 F.S.

ALEJANDRO RUIZ