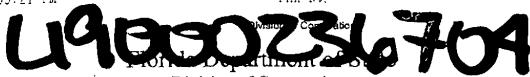
FAX No.

9/27/2019



Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. **ZQ DATA RECOVERY LLC**

Certificate of Status	0
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J. FASON

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Corporate Filing Menu

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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 U- Address:

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

Principal Office Address 7105 SW 8TH STREET SUITE 306 MIAMI FLORWA 53144 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 horoby accept the appointment as register agent and agree to act in this capacity. Y further agree to comply with the provisions of all statistics relating to the proper and complete performance of my duites, and I am familiar with and accept the obligations of my position as register agen as provided for in Chapter 605 FS

Registered Agent's Signature (REQUIRED

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

Title:

ALEJANDRO RUIZ 7105 SW 8TH STREET SUITE 306 AMGR

MIAMI FLORIDA 33144

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

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 (605.0203 (1) (B). Floric statutes ,I am aware that any false information submitted in a document to the Department of State constitutes third degree felony as provide for in s. 817.15 F.S.

ALEJANDRO RUIZ