To:

Fax: (850) 617-6381 Division of Corporations Page: 1 of 3

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Florida Department of State

Or Constitutions

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_	Division of Co	porations	Ξ,
		: (850)617-6381	•
From:			
	Account Name	: FANJUL ENTERPRISES LLC	
	Account Number	: I20190000080	ı
	Phone	: (305)603-8791	
	Fax Number	: (877)503-6086	
		s for this business entity to be used fings. Enter only one email address pleas	
Ema	ail Address:		

FLORIDA LIMITED LIABILITY CO. QUICK BUSINESS 2U LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: 7 QUICK BUSINESS 2U LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 1835 HALLANDALE BEACH BLVD 1835 HALLANDALE BEACH BLVD SUITE 535 SUITE 535 HALLANDALE, FL 33009 HALLANDALE, FL 33009 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: JORGE SARUE Name 1835 HALLANDALE BEACH BLVD SUITE 535 Florida street address (P.O. Box NOT acceptable) HALLANDALE City State Z.ip

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 advates 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..

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

From: Robert Fanjul

Fax: 18775036086

To:

Fax: (850) 617-6381

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	JORGE SARUE 1835 HALLANDALE BEACH BLVD SUITE 535 HALLANDALE, FL 33009
(Use attachment if necessary)	
If an effective date is listed, the date must be s he date of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed a nt of State's records.
RTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE	
×	
This document is exec I am aware that any fal	nember or an authorized representative of a member. The second and the section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
JORGE SARUI	-

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)