8/19/2020

Florida Department of State

Division of Corporations .. **Electronic Filing Cover Sheet**

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Email Address:

FLORIDA LIMITED LIABILITY CO. AQUARIUS CRANE LLC

| Certificate of Status | 0 |
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Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

AUG 20 2023

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

| The name of the Limited List | oility Company is: | | | |
|---|------------------------------|-----------------------------|---|---|
| AQUARIUS CRA | ANE LLC | | | • |
| (Must c | ontain the words "Limited | Liability Company, "I | .L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street | | | iability Company is: | |
| Prin | cipal Office Address: | | Malling Address: | |
| 3100 NW 72 AV STE: 120 MIAMI, FL 3312 | | SAME | | |
| ARTICLE III - Registered (The Limited Liability Comp another business entity with | any cannot serve as its own | n Registered Agent. Yo | 's Signature: ou must designate an individual or | |
| The name and the Florida str | eet address of the registere | ed agent are: | | |
| | ODALYS PRADO | | | |
| | | Name | | |
| | 3100 NW 72 AVE 5 | STE: 120 | | |
| | . Florida street addre | ss (P.O. Box <u>NOT</u> acc | eptable) | |
| | MIAMI | FL | 33122 | |

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

20 AUG 19 PM 4: 27
SECRUTARY OF STATE
TALLAHARSEE

ARTICLE IV-

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address; | |
|--|--|--|
| AMBR | REINALDO QUINTANA 3100 NW 72 AVE STE: 120 MIAMI, FL 33122 | |
| AMBR | ODALYS PRADO 3100 NW 72 AVE STE: 120 MIAMI, FL 33122 | |
| AMER | YUNIOR QUINTANA PRADO 3100 NW 72 AVE STE: 120 MIAMI, FL 33122 | |
| | | |
| (Use attachment if necessary) | | |
| ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be date of filing.) Note: If the date inserted in this block does the document's effective date on the Department. | e date of filing: (OPTIONAL) De specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list ment of State's records. | |
| ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be date of filing.) | not meet the applicable statutory filing requirements, this date will not be list | |
| ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be date of filing.) Note: If the date inserted in this block does the document's effective date on the Department. | not meet the applicable statutory filing requirements, this date will not be list | |
| ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be date of filing.) Note: If the date inserted in this block does the document's effective date on the Department of the Department of the Department of the Department is end of the Department in the Department is end of the Department in the Departme | not meet the applicable statutory filing requirements, this date will not be list ment of State's records. The methods of an authorized representative of a member. The executed in accordance with section 605.0203 (1) (b), Florida Stafates. The false information submitted in a document to the Department of State. | |
| ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be date of filing.) Note: If the date inserted in this block does the document's effective date on the Department of the Department of the Department of the Department is end of the Department is document is end of the Department in the Department in the Department is end of the Department in the | not meet the applicable statutory filing requirements, this date will not be list ment of State's records. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of an authorized representative of a member. The member of a member of a member. The member of a m | |