L22000359273

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S. CHATHAM AUG 17 2022

22 AUG 17 FH 4: 57

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/17/2022	_	⇔WALK IN⇔
ENTITY NAME Qualita	ich, LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
		10 S
	Plain Copy	
	Certified Copy	
XXXXXX	Certificate of Status	PH 4: 57
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	-1 ·3
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT	TION	
NUMBER OF CERTIFICA	TES REQUESTED	
TOTAL OWED \$130	ACCOUNT #: 120160000072	2

COVER LETTER

	New Filing Sect Division of Cor					
SUBJEC*	Qualitach, i	LLC				
SOBJEC	·	Name of	Limited Liab	ility Company		
The enclo	sed Articles of	Organization and fee(s) are submitte	d for filing.		
Please ret	urn all correspo	ndence concerning this	matter to the	following:		
	Klara Fishma	an-Sitbon, Esq.				- -
			Name o	of Person		5.5
	Law Offices	of Fishman-Sitbon, P.	Α.			NV Z.
			Firm/C	Company		617
	80 SW 8th S	t., FL 20				22 AUG 17 FH 4: 57
			Ado	iress		इ.स.
	Miami, FL 3	3130				57
			City/State a	and Zip Code		-
	kfishman@fs					_
	£	E-mail address: (to be t	ised for future	annual report notificati	on)	
For further	information co	ncerning this matter, pl	lease call:			
	Klara Fishma	ın-Sitbon, Esq.	305	423-7077		
	Nam	e of Person	Area Code	Daytime Telephon	e Number	
Enclosed	is a check for the	he following amount:				
□\$125.0	0 Filing Fee	\$130.00 Filing Fe Certificate of Status	Certi	55.00 Filing Fee & ified Copy and copy is enclosed)	□\$160.00 Filing Fee Certificate of Status of Certified Copy (additional copy is encl	&
	New F Divisio P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Qualitach, 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 principal	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1141 NW 36th St.	1141 NW 36th St.
Miami, FL 33127	Miami, FL 33127
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent as	red Agent. You must designate an individual or
The hadic and the Florida street address of the registered agent at	ε.
Law Offices of Fishman-Sitb	on, P.A.
Name	
80 SW 8th St., FL 20 Florida street address (P.O. B	Box <u>NOT</u> acceptable)

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

Miami

City

Registered Agent's Signature (REQUIRED)

33130

Zip

(CONTINUED)

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
MGR	Alberto Cortinas 1141 NW 36th St. Miami, FL 33127		
MGR	Enrique Cortinas 1141 NW 36th St. Miami, FL 33127		
			- - -
			- - - 50
(Use attachment if necessary)			22 AUG 17
RTICLE V: Effective date, if other than	the date of filing:	(OPTIONAL)	17
date of filing.)	es not meet the applicable statutory filing reartment of State's records.		0 days at
ATICLE VI: Other provisions, if any, e company may operate for any lawful	purpose.		7 <u> </u>
REOUIRED SIGNATURE:			
Signature	of a member or an authorized representa	ative of a member.	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Klara Fishman-Sitbon, Esq., as Authorized Representative.

Typed or printed name of signee

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)