

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000030717 3))



H230000307173ABCX

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

**To:**

Division of Corporations  
 Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
 Account Number : I20000000019  
 Phone : (305)552-5973  
 Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**EUROGROBER QUARTZ, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2023 : 4 PM 3:23

23 JAN 24 PM 12:35

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

**ARTICLE I – Name:** The name of the Limited Liability Company is:

**EUROGROBER QUARTZ, LLC**

**ARTICLE II – Address:**

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

**Principal Office Address:**

8900 NW 35 LANE, Suite 140  
Doral, FL 33172

**Mailing Address:**

8900 NW 35 LANE, Suite 140  
Doral, FL 33172

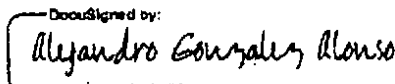
**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's  
Signature:**

The name and the Florida street address of the registered agent are:

**Alejandro Gonzalez-Alonso**

8900 NW 35 LANE, Suite 140  
Doral, FL 33172

*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.*

DocuSigned by:  
  
49471074E084C2...  
**Registered Agent's Signature**

(CONTINUED)

Page 1 of 2

23 JAN 24 PM 12:35

**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

Manager

**Alejandro Gonzalez-Alonso**

Manager

**Tonino Falchetti**

8900 NW 35 Lane, Suite 140 Doral, FL 33172

**REQUIRED SIGNATURE:**

DocuSigned by:  
*Alejandro Gonzalez Alonso*  
49471074EDE64C2...

**Signature of a member or an authorized  
representative of a member.**

(In accordance with section 605.0203(1)(b), Florida  
Statutes, the execution of this document constitutes an  
affirmation under the penalties of perjury that the facts  
stated herein are true.)

**Alejandro Gonzalez-Alonso**

**Typed or printed name of signee**

23 JAN 24 PM 12:35