

12/21/22.

# L23000097932

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

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To:

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

From:

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

**FLORIDA LIMITED LIABILITY CO.  
QUAOAR SOLUTIONS GROUP USA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2022 DEC 21 PM 12:09

2022 DEC 21 AM 11:41

LED

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Quasar Solutions Group USA, LLC  
(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

## ARTICLE II - Address:

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

## Principal Office Address:

2101 SW 131<sup>st</sup> Terrace  
Davie FL 33325

## Mailing Address:

2101 SW 131<sup>st</sup> Terrace  
Davie FL 33325

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Edgardo Heymans  
Name  
2101 SW 131<sup>st</sup> Terrace  
Florida street address (P.O. Box **NOT** acceptable)  
Davie FL 33325  
City State Zip

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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF COURT

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

  

  

(Use attachment if necessary)

Name and Address:

Luis R Centeno  
Cametara 802 Kilmore hwy 9.6  
Bonito Maria Cametara P. code 00783

Edgardo Heymas  
2101 SW 13th Terrace  
Del Rio FL 33325

    
    
    
    
  

ARTICLE V: Effective date, if other than the date of filing: 01/01/2023 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

    
    
  

REQUIRED SIGNATURE:

Edgardo Heymas

Signature of a member or an authorized representative 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.

edgardo Heymas  
Typed or printed name of signer

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)

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STATE OF FLORIDA  
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