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To:

Division of Corporations
Fax Number : (850)617-6281

From:

Account Name : CORP&G REGISTERED AGENTS (USA), INC.
Account Number : I20220000185
Phone : (305)358-7872
Fax Number : (305)402-3898

****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. QUINTAY LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

11/12/15

232

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/21 PM 1:52

-ILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: QUINTAY LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREA GONZALEZ

Name of Person

CORPAG REGISTERED AGENTS (USA), INC.

Firm/Company

999 BRICKELL AVE, SUITE 820

Address

MIAMI, FL 33131

City/State and Zip Code

MIASERVICES@CORPAG.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA GONZALEZ

305

358-7872

at

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Quantay 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:

999 BRICKELL AVE, SUITE 820

999 BRICKELL AVE, SUITE 820

MIAMI, FL 33131

MIAMI, FL 33131

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:

CORPAG REGISTERED AGENTS (USA) INC.

Name

999 BRICKELL AVE, SUITE 820

Florida street address (P.O. Box NOT acceptable)

MIAMI

FL

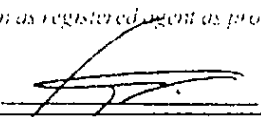
33131

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Fernando Miguel Varad Decareti

Lindero El Cenillo 2390, Bum, Región Metropolitana,
Chile.

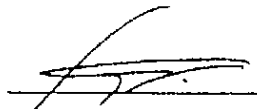
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____ (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:


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.

ENRIQUE TRAVIESO

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)