

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : PRIME CORPORATE FILING SERVICES LLC
Account Number : I20230000092
Phone : (786)356-1156
Fax Number : (305)564-6768

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

Email Address: INFO@PRIMEFILING.COM

RECEIVED
2024 JUN 17 AM 12:22
CORPORATIONS
DIVISION OF
CORPORATIONS
STATE OF FLORIDA

**FLORIDA LIMITED LIABILITY CO.
ITELQ INDUSTRIES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2024 JUN 17 AM 10:37
FILED

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ITELQ INDUSTRIES 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:

7270 NW 12th ST STE 865
MIAMI, FL 33126

Mailing Address:

7270 NW 12th ST STE 865
MIAMI, FL 33126

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:

PRIME FILING LLC

Name

1818 SW 1ST AVE, SUITE 2015

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

Miami FL 33129

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)

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ARTICLE IV-

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

AMBR

JARI FRANCISCO LEMA QUIMBO

7270 NW 12th ST STE 865

MIAMI FL 33126

(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.)

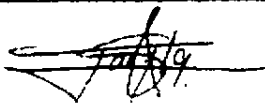
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

The purpose of the entity should be Import, Export of various goods including fabrics, clothing and blankets, wholesale, retail and E-commerce sales.

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.

JARI FRANCISCO LEMA QUIMBO

Typed or printed name of signee

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S.M. ED

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