

Jun. 20 2024 4:57PM

No. 1540 P. 1

L24000276321

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
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CORPORATIONS
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**FLORIDA LIMITED LIABILITY CO.
QUAD FORE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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2024 JUN 20 PM 1:32
FLORIDA DEPARTMENT OF STATE
AT THE CLERK'S OFFICE

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No. 1540 P. 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

QUAD FORB 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:

3101 SOUTH OCEAN DRIVE UNIT 2606
HOLLYWOOD, FLORIDA 33019

Mailing Address:

3101 SOUTH OCEAN DRIVE UNIT 2606
HOLLYWOOD, FLORIDA 33019

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:

CATHERINE CURCIO

Name

3101 SOUTH OCEAN DRIVE, UNIT 2606

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

<u>HOLLYWOOD</u>	<u>FLORIDA</u>	<u>33019</u>
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.

/s/ CATHERINE CURCIO

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA

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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

CATHERINE CURCIO

3101 S OCEAN DRIVE UNIT 2606

HOLLYWOOD, FLORIDA 33019

(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:

/s/ CATHERINE CURCIO

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.

CATHERINE CURCIO

Typed or printed name of signer

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