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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GORMO LLC	
(Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
IGNACIO MORENO	
(Name of Person)	
DON PAN (Firm/Company)	
(This company)	
400 S DIXIE HWY -	
(Address)	
CORAL GABLES, FL 33146	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
IGNACIO MORENO at (305) 669 7988	
(Name of Person) (Area Code & Daytime Telephone Number)	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
GORMO LLC	
ARTICLE II - Address: The mailing address and street address of the principle.	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
400 S DIXIE HWY	SAME
CORAL GABLES, FL 33146	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	
IGNACIO MORENO Name	
7622 SW 129 PL	
Florida street address (P.O	Box NOT acceptable)
MIAMI FL 33183 City, State, as	FLORIDA nd Zip

Having been named as registered agent and to accept service of process for the above stated limited hability 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 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ALVARO GORRIN 400 S. DIXIE HIGHWAY CORAL GABLES FL 33146
MGRM .	IGNACIO MORENO 7622 SW 129 PL MIAMI FL 33183
(Has attachmout if necessary)	
(Use attachment if necessary)	a added if an affective data is magnested
110 LE. An auditional as ticle must be	e added if an effective date is requested.

REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

IGNACIO MORENO

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)