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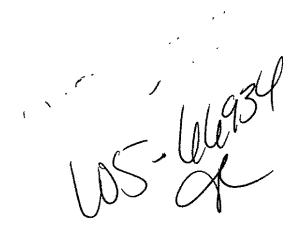
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 28, 2005

JORGE SUAREZ-MURIAS 275 HARBOR DRIVE KEY BISCAYNE, FL 33149

SUBJECT: LORAMUR LLC CO Ref. Number: W05000031470

We have received your document for LORAMUR LLC CO and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Limited liability companies are either member-managed or manager-managed - not both. Member-managed companies are managed by the members of the limited liability company. Manager-managed companies are managed by non-members. Please amend your document to reflect either the limited liability company is member-managed or manager-managed. If the limited liability company is member-managed, list the names and addresses of the members who will manage the company and identify them solely as managing members. If the limited liability company is manager-managed, list the names and addresses of the non-members who will manage the company and identify them solely as managers. You cannot list both managers and managing members.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Letter Number: 305A0004359

Tammi Cline Document Specialist

TRANSMITTAL LETTER

TO: Registration Se Division of Co				
SUBJECT:	Loramur (Name of Limited	LLC CO d Liability Company)		
The enclosed Articles of	Organization and fee(s) are s	abmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	JORGE Sugge	Z-MURIAS Same of Person)		
	Coramon	Conpany)		
**************************************	975 HARBOR	DIZIUE (Address)	the state of the s	
Ley Bison yne Fl 33149 (City/State and Zip Code)				
	Concerning this matter, please of Person)	eall: iat 305, 36/ (Area Code & Daytime Te	- 2272 elephone Number)	
Enclosed is a check for	r the following amount:			
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
			والمراجع والمعادي	

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

RICLESOF ONGAINERIEGIVEOR FLORIERI LIMITED LEMBERT COMMERIN
ARTICLE I - Name: The name of the Limited Liability Company is:
Comme Limited Liability Company
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
275 Harbon DRIVE SAME Key Bischyne Fl 33149
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
TORGE Sunrez-Murzias Name
75 HARBOR DRIVE Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Key Biscipyne FL 33149 City, State, and 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 608, F.S.
Registered Agent's Signature

Page 1 of 2

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:
MANAGING Memberz	JONGE SUMMEZ-MURIN 275 HARBOR DRIVE KRY BISCAYDE FT 33149
· ·	
(Use attachment if necessary)	
NOTE: An additional article/must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	
	or an authorized representative of a member.
of this document constitue that the facts stated her	on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury rein are true.)
V VILLO	E SUMMEZ-IVIUKIAS

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)

Typed or printed name of signee