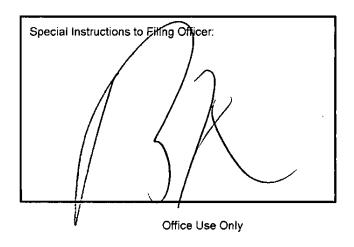
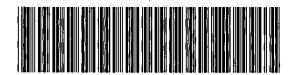
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OIVISION OF CORPORATION

LAZARUS CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973	
	Office Use Only
CORPORATION NAME(S) & DOCUMENT NUM	IBER(S), (if known):
1. ORELLANA CONSULTI (Corporation Name)	N6, LLC Document #)
2. (Corporation Name)	Document #)
3. (Corporation Name)	Document #)
4. (Corporation Name)	(Documeni #)
Walk in Pick up time 2.05 Mail out Will wait Photo	Certified Copy Copy Certificate of Status
Profit Am Not for Profit Res Limited Liability Che	endment ignation of R.A., Officer/Director inge of Registered Agent solution/Withdrawal
Annual Report For Lim	eign nited Partnership nstatement demark er

Examiner's Initials

CR2E031(7/97)

ARTICLE'S OF ORGANIZATION OF ORELLANA CONSULTING, LLC

ARTICLE 1 - Name:

The name of the Limited Liability Company is: Orellana Consulting, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

150 Alhambra Circle Suite 1270 Coral Gables, FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent is:

James P. Gagel 150 Alhambra Circle Suite 1270 Coral Gables, FL 33134

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.

James P. Gagel

Date: April 13, 2007

Registered/Agent

James P. Gagel

Authorized Representative

Date: April 13, 2007

The execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.