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SECRETARY OF STATE
ALLAHASSEF FIRE

AL

June 22, 2007

Department of State Division of Corporations Corporate Filings P O Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed is a check for \$155 to cover the formation of RE GAG ALLIANCE LLC

Please send the certified copy to: EVELYN ULLOA, 13527 SW 114 PLACE, MIAMI, FL 33176

Thank you for your cooperation.

Very truly yours,

ARTICLES OF ORGANIZATION OF RE GAG WORLD ALLIANCE LLC

Article I Name

The name of the limited liability company is: RE GAG WOELD ALLIANCE LLC

Article II Principal Office The principal place of business of this Limited Liability Company shall be 35% SW 114 PLACE, MIAMI, FLORIDA 33176 Article III Mailing Address The mailing address of this business 13527 SW 114 PLACE, MIAMI, FLORIDA 33176 O Article IV Initial Registered Agent & Street Address

The name and address of the initial registered agent is: EVELYN ULLOA LOCATED AT 13527 SW 114 PLACE, MIAMI, FLORIDA 33176

Article V Duration

The duration of this Limited Liability Company shall be 12/31/2044

Article VI Managers/Members

The management of this Limited Liability Company is reserved for the member and the name and address of member is:

EVELYN ULLOA 13527 SW 114 PLACE MIAMI, FL 33176

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: RE GAG WORLD ALLIANCE LLC

The name and address of the registered agent and office is EVELYN ULLOA LOCATED AT 13527 SW 114 PLACE, MIAMI, FLORIDA 33176

Having been named as registered agent and to accept service for the above stated 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.

Signature EVELYN ULLOA

JUNE 22, 2007

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ALLAHASSEE. FLORIDA