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FLORIDA LEMITED LIABILITY CO.

Gatelamerican Resources L.L.C.

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ARTICLES OF ORGANIZATION OF Gatelamerican Resources L.L.C.

ARTICLE I

NAME

The name of the limited liability company shall be: Gatelamerican Resources L.L.C.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 15 Julie Dr., Oromod Beach, Florida 32176.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Victor Gatell Jr, 15 Julie Dr., Ormond Beach, Florida 32176. Located in the County of Volusia.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the manager of the Limited Liability Company is:

Victor Gatell Jr., 15 Julie Dr., Oromod Beach, Florida 32176

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: July 7, 2010

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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: Gatelamerican Resources L.L.C.

The name and address of the registered agent and office is Victor Gatell Jr, 15 Julie Dr., Ormond Beach, Florida 32176. Located in the County of Volusia.

Having been named as registered agent and to accept service of process 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:_

Victor

Date

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