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COVER LETTER

í	TO: Registration Section Division of Corporations	
	SUBJECT: INVERSIONES Y CONSTRUCCIONES EL ELECTRON, 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:	
	JOSE N CORREA	
	Name of Person	_
	J.C. ACCOUNTING & TAX SERVICES	
	Firm/Company	_
	833 SAVANNAH FALLS DR.	
	Address	_
	WESTON, FL 33327	
	City/State and Zip Code	
	101j@bellsouth.net E-mail address: (to be used for future annual report notification)	
	For further information concerning this matter, please call:	
	JOSE N CORREA at (954) 217-1207	
	Name of Person Area Code & Daytime Telephone Number	
	Enclosed is a check for the following amount:	
	125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status (additional copy is enclosed) \$155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (Certified Copy (additional copy is enclosed))	
	Mailing Address Street/Courier Address	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INVERSIONES Y CONSTRUCCIONES EL ELECTRON, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	<u>Maining Address:</u>	
2047 MADEIRA DR WESTON, FL 33327	2047 MADEIRA DR. WESTON, FL 33327	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Si wn Registered Agent. You must designate an individua of the registered agent are:	ignature: il or another
JOSE N CORRE	<u> </u>	JAN
		O 37
	Name	5 73
, , , , , , , , , , , , , , , , , , ,	NAH FALLS DR	IAN 10 RE
833 SAVANI		F COMPORA
833 SAVANI	NAH FALLS DR	F CORPORATED

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..

gent's Signature (REQUIRED)

(CONTINUED)

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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Memb	ar .
MORAL — Managing Memor	51
MGRM	HERNAN AVENDANO BURGUERA
	AV. BLADIN, C.C. MATA DE COCO URB. LA CASTELLANA
	MUN. CHACAO CODIGO POSTAL 1060
MGRM	ORLANDO VALLEJO
	2047 MADEIRA DR
	WESTON, FL 33327
MGR	JOSE N CORREA
	833 SAVANNAH FALLS DR
	WESTON, FL 33327
LE V: Effective date, if other t fective date is listed, the date days after the date of filing.)	han the date of filing: (OPTIONAL must be specific and cannot be more than five business days
auje unioi ino dute et ming.)	=======================================
REQUIRED SIGNATURE:	
	5/1/
	Tou Brefame //
Signature of	member or an authorized representative of a member.
constitutes an affirmati	ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Is a information submitted in a document to the Department of State
,	ree felony as provided for in s.817.155, F.S.)
	ree felony as provided for in s.817.155, F.S.)

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)