

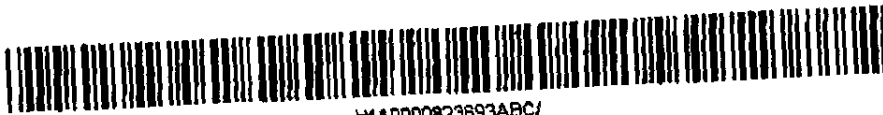
Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

L. SELLERS

MAR 30 2011

EXAMINER

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.

nomo alliance, llc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED  
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TALLAHASSEE, FLORIDA

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11 MAR 29 AM 11:59  
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#11000082369

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

**NOMO ALLIANCE, LLC**

**ARTICLE I**

**The name of the Limited Liability Company shall be:**

**NOMO ALLIANCE, LLC**

**ARTICLE II**

**The Company is organized for any legal and lawful purpose for  
which a limited liability company may be organized pursuant to the Act.**

**ARTICLE III**

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

**988 SUNFLOWER CIRCLE  
WESTON, FL 33327**

**ARTICLE IV**

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

**JUAN PABLO QUINTERO MARTINEZ  
988 SUNFLOWER CIRCLE  
WESTON, FL 33327**

**ARTICLE V**

**The name of the Managing Member(s) shall be:**

**MANAGING MEMBER  
JUAN PABLO QUINTERO MARTINEZ  
988 SUNFLOWER CIRCLE  
WESTON, FL 33327**

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EMPIRE CORP KIT

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE

NOMO ALLIANCE, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Juan Pablo Quintero Martinez  
Signature of Registered Agent

Juan Pablo Quintero Martinez  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Juan Pablo Quintero Martinez  
Typed or printed name of signee

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