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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

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

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TALLAHASSEE, FLORIDA

2013 JAN 30 AM 8:04

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FLORIDA LIMITED LIABILITY CO.
TUMER, LLC**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The Name of the Limited Liability Company shall be:

TUMER, 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 is:

**8160 GENEVA COURT, APT A202
DORAL, FL 33166**

ARTICLE IV

The Name of The Manager And Managing Member (s) shall be:

MGR

**MERCEDES MARIE BERAS GOICO CANALDA
8160 GENEVA COURT, APT A202
DORAL, FL 33166**

MGR

**MERCEDES SOCORRO CANALDA DE BERAS GOICO
8160 GENEVA COURT, APT A202
DORAL, FL 33166**

MGRM

**MAXIMO OCTAVIO BERAS GOICO GUZMAN
8160 GENEVA COURT, APT A202
DORAL, FL 33166**

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ARTICLE V

The name and Florida street address of the registered agent shall be:

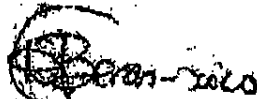
MAXIMO OCTAVIO BERAS GOICO GUZMAN
8160 GENEVA COURT, APT A202
DORAL, FL 33166

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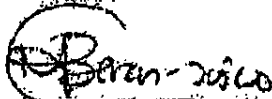
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

TUMER, 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 provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.



Signature of Registered Agent



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)

MAXIMO BERAS GOICO
Typed or printed name signee

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