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Fax Number

: (850)617-6381

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone Number

: (305)444-4994

Fax Number

: (305)444-4977

EFFECTIVE DATE

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.

ALCOR INVESTMENT ALLIANCE, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

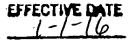
ARTICLE I

The name of the Limited Liability Company and Effective day is:



ALCOR INVESTMENT ALLIANCE, LLC

EFFECTIVE DAY JANUARY 1ST 2016



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

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability

Company is:

Principal Office Address 6000 INDIAN CREEK DR #1801 MIAMI BEACH, FL 33140 Mailing Address 6000 INDIAN CREEK DR #1801 MIAMI BEACH, FL 33131

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

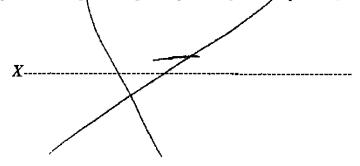
<u>R&P ACCOUNTING & TAXES, INC</u>

Name

200 SE 1ST STREET, SUITE #604
Florida Street address (P.O. Box NOT acceptable)

MIAMI, FL. 33131 FL City, State, and Zip

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 605, F.S



Registered Agent's Signature (REQUIRED)

ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each Person authorized to manage and control the Limited Liability Company:

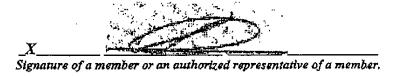
Title:

WILLIAM P. TORRES 6000 INDIAN CREEK DR #1801 MIAMI BEACH, FL 33140 (MANAGER)

ARTICLE V

Effective date, if other than the date of filing (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.

REQUIRED: SIGNATURE



(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

WILLIAM P. TORRES
Typed or printed name of signee