## 117000/3039/

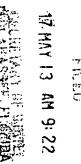
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06/16/17

## **COVER LETTER**

	ew Filing Section ivision of Corporations				
SUBJECT	ORENDA S&S LLC				
SUBJECT		mited Liability Company			
The enclos	ed Articles of Organization and fee(s) a	re submitted for filing.			
Please retu	rn all correspondence concerning this n	natter to the following:			
	Julia Greenberg-Aguilar				
		Name of Person			
	MyUSAcorporation.com  Firm/Company  1 Radisson Plaza, Suite 800  Address				
	New Rochelle, NY 10801				
	nathaly cj@yahoo.com	City/State and Zip Code			
		d for future annual report notification)			
For further i	nformation concerning this matter, plea	se call:			
	Julia Greenberg-Aguilar	330-2677			
	' '	Area Code Daytime Telephone Number			
Enclosed i	s a check for the following amount:				
\$125.00 F	iling Fee \$\frac{130.00}{\text{Certificate of Status}}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)			
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

-	ORENDA S&S LLC  (Must contain the words "Limited Lial	pility Company, "L.L.C.," or "LLC.")
	II - Address:	a of the Limited Liability Company is:
ie mailing	g address and street address of the principal offic	e of the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
	Flat 1, 155A Old Brompton Road	Flat 1, 155A Old Brompton Road
	London UNITED KINGDOM	London UNITED KINGDOM

Incorp Services, Inc

Name

17888 67th Court North

Florida street address (P.O. Box NOT acceptable)

Loxahatchee, FL 33470

City State 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)

(CONTINUED)

7. MAY 13 AM 9: 2

DT	ICI	С	137

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	NATHALY CARVAJAL
AMBR	Flat 1, 155A Old Brompton Road
	London UNITED KINGDOM
	London ONTED KINODOM
MGR	DIEGO CARVAJAL
Work	Calle 127A # 53A 48, 509
	Bogota COLOMBIA
	Dogota Collombin
<del></del>	
(If an effective date is listed, the date must be sp the date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	
1	
REQUIRED SIGNATURE:	
This document is execu I am aware that any fals	ember or an authorized representative of a member.  Ited in accordance with section 605.0203 (1) (b), Florida Statutes.  Ite information submitted in a document to the Department of State te felony as provided for in s.817.155, F.S.
Jomark Reyes (A	Authorized Representative)

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

17. MAY 13 AM 9: 22