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**FLORIDA LIMITED LIABILITY CO.
ORANITTEP & COMPANY, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:** The name of the Limited Liability Company is:**Oranittep & Company, LLC****ARTICLE II – Address:**

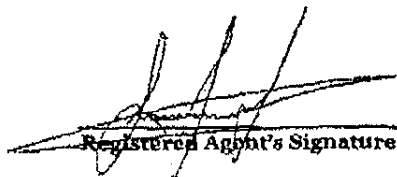
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:11251 NW 20th Street Suite 119
Miami, FL 33172**Mailing Address:**11251 NW 20th Street Suite 119
Miami, FL 33172**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Luis A. Pettinaro-Scattolini11251 NW 20th Street, Suite 119
Miami, FL 33172

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

(CONTINUED)

Page 1 of 2

H17000175677

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ARTICLE IV – Manager(s) or Authorized Member(s):

The name and address of each Manager or Authorized Member is as follows:

Title:

Name and Address:

AMBR

LUIS A. PETTINARO-SCATTOLINI

AMBR

DIANA M. PACHECO-SAAVEDRA

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 606.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Luis A. Pettinaro-Scattolini

Typed or printed name of signee

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