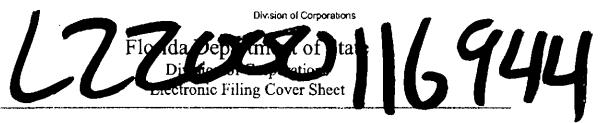
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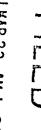
FLORIDA LIMITED LIABILITY CO. ORE MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Page: 3 of 4

ARTICLE I - Name: The name of the Limited Liability Company is: ORE MANAGEMENT, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 5877 SW 163rd AVE 5877 SW 163rd AVE MIAMI, FL 33193 MIAMI, FL 33193 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: ROBERTO ORE Name 5877 SW 163rd AVE Florida street address (P.O. Box NOT acceptable)

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 Iam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

State

Zip

MIAMI

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page: 4 of 4

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	ROBERTO ORE
	S877 SW 163rd AVE MIAM!, FL 33193
AMBR	ISABEL ORE
	5877 SW 163rd AVE MIAMI, FL 33193
(Use attachment if necessary) LE V: Effective date, if other than the	e date of filing: (OPTIONAL)
LE V: Effective date, if other than the fective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department's Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is I am aware that an	s not meet the applicable statutory filing requirements, this date will not be timent of State's records. f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department's Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is I am aware that an	s not meet the applicable statutory filing requirements, this date will not be timent of State's records. f a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes.