From: Yanet Avila

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone Fax Number : (305)328-4774

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

Email	Address:			
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FLORIDA LIMITED LIABILITY CO.

AHNR LLC.

Certificate of Status Certified Copy Page Count Estimated Charge

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name o	1 - Name: fthe Limited Lisbility Company is:
	AHNR LLC.
	(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
	U - Address: address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
855 NE 365th lane Okeechobee FL 34975	855 DE 3654h Lane Objectioner El 34972

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.)

OKeechobee FL. 34932

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 cupacity. 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..

Maria U. Menle Registered Agent's Signature (REQUIRED)

(CONTINUED)

1023 APR 13 AM 2: 21

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" - Manager AMBR	Nuvice V. Hendez 355 NE 36512 Large Deschobre Fizyaga

(Use attachment if necessary) EV: Effective date, if other than the	date of filing: 40123 (OPTIONAL)
EV: Effective date, if other than the extive date is listed, the date must be filling.)	not meet the applicable statutory filing requirements, this date will not ment of State's records.
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