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		Division of Cor	rporations		
			: (850)617-6381		
	From:				2023
		Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	<u>></u>	23
		Account Number	: 120000000019	<u> </u>	9
		Phone	: (305)552-5973	> :	-
		Fax Number	: (305)675-5944	= :	$\overline{\omega}$
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		annual report ma	ilings. Enter only one email address please.	** 4	
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FLORIDA LIMITED LIABILITY CO. CRM ALLIANCE INVESTMENTS LLC

Certificate of Status	1
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Estimated Charge	\$130.00

T. MATTHEWS

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ARTICLES OF ORGANIZATION FOR TALLAHASSEE, FL FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
ORM Alliance Investment's LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
7524 NW 72 ave Medleg F/ 33/66
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limitec' Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) 20/emg Duran Podruguez 7524 NW 72 QVe. Medley 7/- 33/66
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Zulema Durán Rodriguez AHBIZ Manuel Sanchez AHBIZ

EIN: 93 - 3898155

Required Signatures:

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

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ZULEMA DUTAN RODRIGUEZ

Typed or printed name of signee

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)