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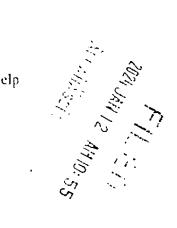
FLORIDA LIMITED LIABILITY CO. ROMERO CONSULTING LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Name: ROHGEO CONSULTING LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability GOMPAN IS: 9682 FOUNTAINE NICHOL BLVD. Apt 202. MILLIE III - Registered Agent, Registered Office: ARTICLE III - Registered Agent, Registered Office: ARTICLE III - Registered Agent, Registered Office: ARTICLE III - Registered Agent, Registered Office: Annual Street address of the registered agent are: (The Limite: Liability Information and the Florida street address of the registered agent are: (The Limite: Liability Information and the Florida street Agent. You must designate an individual or another business entity JUAN JOSE ROHGEO CARREA P1682 FOUNTAPUE BlGDU BLW Apt 202. MIDMI FL 33172 RTICLE IV e name and title of each person authorized to manage and control the Limited Ability Company: (MGR or AMBR) JUAN JOSE ROHGEO CARREA (AMBR)	APPROPRIE
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Required Signatures: 69 - 0687868

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.

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)