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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
ALLIANCE STRATEGIC BUSINESS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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J. SAULSBERRY
EXAMINER
SEP 12 2011

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ALLIANCE STRATEGIC BUSINESS, LLC

ARTICLE I - Name

The name of the Limited Liability Company is:

ALLIANCE STRATEGIC BUSINESS, LLC

ARTICLE II - Address

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

Principal Office Address:
8796 THAMES RIVER DRIVE
BOCA RATON, FL 33433

Mailing Address:
8796 THAMES RIVER DRIVE
BOCA RATON, FL 33433

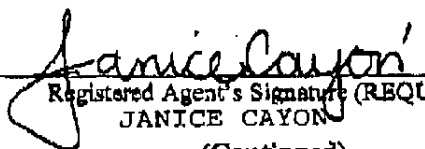
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Worldwide Corporate Administrators, LLC
2320 Ponce de Leon Blvd
Coral Gables, FL 33134

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.F.


Registered Agent's Signature (REQUIRED)
JANICE CAYON

(Continued)

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ARTICLE IV – Manager(s) or Managing Member(s)

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

Title:
Managing Member

Name and Address:
Luis Fernando Ortiz De La Concha
8796 THAMES RIVER DRIVE
BOCA RATON, FL 33433

Title:
Managing Member

Name and Address:
Armida Ruvalcaba Espinoza
8796 THAMES RIVER DRIVE
BOCA RATON, FL 33433

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ARTICLE V: Effective date, if other than the date of filing: _____
(OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), 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.)

Luis Fernando Ortiz De La Concha

Typed or printed name of signer