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Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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## FLORIDA LIMITED LIABILITY CO. ENGINEERING AND TECHNOLOGY FOR CONSTRUCTION LLC

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## ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Links
The name of the Limited Liability Company is:  Engineering and technology For construction LLC  ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability  Company is:  6309 Crescent lake way lake worth FL 3346
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Limitea Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  6309 Crescent lake way lake worth FL 33163
ARTICLE IV  The name and title of each person authorized to manage and control the Limited  Liability Company: (MGR or AMBR)
Claudia Jazmin Enriquez - AMBR
Oscar Antonio Gomez Pulgarin - AMBR
<u> </u>

Required Signatures:

Signature of a member of 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.

Laudia Jazmin Enraucz
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 agnie 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 ager t as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

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