

L 00000010166  
Transmittal Letter

August 9, 2000

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Canyon Resources, LLC

Enclosed is an original and one (1) copy of the articles of organization  
003359575--7  
-08/16/00--01072--009  
\*\*\*155.00 \*\*\*155.00

The following filing fees are enclosed:

- \$100.00 Filing fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Fee for certified copy

L-10166

**FROM:** Shirley Gamble  
220 East Madison Street  
Suite 1204  
Tampa, FL 33602  
(813) 221-9889

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Canyon Resources, LLC

**ARTICLE II – Address:**

The mailing address and the street address of the principal office of the limited liability company is:

220 East Madison Street  
Suite 1204  
Tampa, FL 33602


**ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:**

The name and the Florida street address of the registered agent are:

Shirley Gamble  
220 East Madison Street  
Suite 1204  
Tampa, FL 33602

**ARTICLE IV – Management:**

The Limited Liability Company is to be managed by the members.



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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 and affirmation under the penalties of perjury that the facts stated herein are true.

Shirley Gamble

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TAMPA OFFICE  
FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Canyon Resources, LLC

2. The name and the Florida street address of the registered agent and office are:

Shirley Gamble  
220 East Madison Street  
Suite 1204  
Tampa, FL 33602

*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 608, F.S.*

*Shirley Gamble*

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**FILED**  
00 AUG 16 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA