

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L000000010838

ECStaseo, LLC

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-09/06/00--01035--012  
\*\*\*\*155.00 \*\*\*\*155.00

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

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Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

9/6/00 10:25



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 7, 2000

CAPITAL CONNECTION

SUBJECT: ECSTASEA  
Ref. Number: W00000021870

We have received your document for ECSTASEA and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following:

Please list a suffix in Article I of the document.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 300A00047519

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TALLAHASSEE, FLORIDA

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AND  
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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 6, 2000

CAPITAL CONNECTION

SUBJECT: ECSTASEA  
Ref. Number: W00000021870

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Trevor Brumbley  
Document Specialist

Letter Number: 000A00047257

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION OF ECSTASEA, LLC

ARTICLE I  
NAME

The name of this Limited Liability Company shall be ECSTASEA, LLC

ARTICLE II  
PRINCIPAL PLACE OF BUSINESS

The principal place of business of the Company shall be SEASIDE, FLORIDA, and such other place or places as the member from time to time may determine. The mailing address of the Company is 3681 N.E. 7<sup>TH</sup> STREET, OCALA, FLORIDA 34470.

ARTICLE III  
INITIAL REGISTERED OFFICE AND  
REGISTERED AGENT

The initial registered agent of the Company shall be DEBORAH LYNN USHER. The address of the initial registered agent is 3681 N.E. 7<sup>TH</sup> STREET, OCALA, FLORIDA 34470.

ARTICLE IV  
MANAGEMENT

The Company will be a manager-managed company, and will be managed by a manager or managers who may be, but are not required to be, a member of the Company. The name and address of the manager who will serve as manager until the first annual meeting of members or until his successor is selected and qualified in accordance with the Operating Agreement or applicable law is :

REGGIO - 9724 DART STREET, RIVER RIDGE, LA 70123

THOMAS - 1301 SW 43<sup>RD</sup> PLACE, OCALA, FL 34474

USHER 1- 3681 N.E. 7<sup>TH</sup> STREET OCALA, FL. 34470

USHER 2 - 3681 N.E. 7<sup>TH</sup> STREET OCALA, FL. 34470

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned have caused these Articles of Organization to be executed on the \_\_\_\_ day of \_\_\_\_\_, 2000, effective upon filing same with the Florida Department of State.

ECSTASEA LLC

BY:

Deborah Lynn Usher, Member  
DEBORAH LYNN USHER, Member (or Authorized Representative)

STATE OF FLORIDA )  
 ) SS:  
COUNTY OF MARION )

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of Sept, 2000, by ~~DEBORAH LYNN USHER, who did execute the foregoing Articles of Organization as member,~~ who is personally known to me, or who have produced \_\_\_\_\_ as identification, and being first duly sworn, acknowledged before me that they executed the same freely and voluntarily for the purposes therein expressed.

Melodee Hicks  
Signature - NOTARY PUBLIC

Melodee Hicks  
Printed Name of NOTARY PUBLIC

CC 792367  
Commission Number



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT DESIGNATING ITS REGISTERED OFFICE AND REGISTERED AGENT IN  
FLORIDA.

1. The name of the limited liability company is:


ECSTASEA, L.L.C.

The name and address of the registered agent and office is:

DEBORAH LYNN USHER  
3681 N.E. 7<sup>TH</sup> STREET  
OCALA, FLORIDA 34470

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 RELATIVE TO THE PROPER  
AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND  
ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

By:

  
DEBORAH LYNN USHER

Date:

September 5, 2000

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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