

Michael I. Santucci, P.A.
ATTORNEY AT LAW

CORRESPONDING OFFICE

500 N. Maitland Avenue
Suite 304
Maitland, Florida 32751

Of Counsel:
GUSTAFSON & RODERMAN

Bank of America Building, 4901 N. Federal Highway Suite 440, Fort Lauderdale, FL 33308
Phone (954) 492-0071 Fax (954) 492-0074 <http://www.msantucci.com>

CORRESPONDING OFFICE

One Gateway Center
Suite 2600
Newark, New Jersey 07102

LO1000014168

June 27, 2001

TRANSMITTAL LETTER

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

600004536446--4
-08/15/01--01057--006
***125.00 ***125.00

SUBJECT: Our File No.: 7339-01
Articles of Organization
Echo Advisory of Florida, LLC.

Kindly find enclosed original Articles of Organization for Echo Advisory of Florida, LLC, along with a check in the amount of \$125.00 for filing fee and designation of registered agent. Please forward the executed copy to our office.

Thank you for your attention to this matter.

Thank you,

Law Offices of
MICHAEL I. SANTUCCI, P.A.

By:

Joanna Lubczanska

Joanna Lubczanska
For the Firm

FILED
01 AUG 15 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Prepared By:
LAW OFFICES OF
MICHAEL I. SANTUCCI, P.A.
4901 North Federal Highway
Suite 440
Fort Lauderdale, FL 33308
Telephone: (954) 492-0071
Florida Bar No. 0105260

LO1-14168
OA 8/22

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Echo Advisory of Florida, LLC

ARTICLE II - Address:

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

1711 NW 86th Avenue
Fort Lauderdale, Florida 33322

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

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

Lyle Edward Gluck

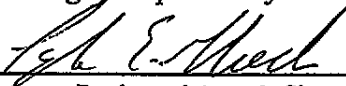
Name

1711 NW 86th Avenue

Florida street address (P.O. Box **NOT** acceptable)
Fort Lauderdale FL 33322

City, State, and Zip

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.



Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

Lyle Edward Gluck

Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 15 PM 3:21

FILED

**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:

Echo Advisory of Florida, LLC

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

Lyle Edward Gluck

(Name)

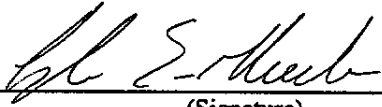
1711 NW 86th Avenue

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Fort Lauderdale FL 33322

City/State/Zip

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..



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED
01 AUG 15 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA