

Florida Department of State

Division of Corporations Public Access System

2006 JUL 11 A 10: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

บิเครียง อยิcorporat **ม** : BLUMBERG/EXCELSIOR CORPORATE SERVICES,

Account Number

1 075350000353

Phone

(212)431-5000

Pax Number

(212)431-1441

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Eclipse Energy Company 2006 LLC

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Certificate of Status	0	
Certified Copy	. 0	
Page Count	02	
Estimated Charge	\$125,00	

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Corporate Filing Menu

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Justin T. Reed BlumbergExcelsior Corporate Scrvices, Inc. 62 White Street New York, NY 10013

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SECRETARY DE 27

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY, FLORI

ARTICLE I	Name:
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The name of the Limited Liability Company is:

Edipse Energy Company 2006 LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

77 North Centre Avenue, #312

Rockville Centre, NY 11570

77 North Centre Avenue, #312

Rockville Centre, NY 11570

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

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

Mr. Irving Lowey

Name

20217 Back Nine Drive

Florida street address (P.O. Box NOT acceptable)

Boca Raton, FL 33498

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.

(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: Name and Address:		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: SECRETARY OF STALLAHASSEE. FL	
MGR	Phillip Stolzenberg	
	77 North Centre Avenue	
	Rockville Centre, NY 11570	
MGR	Steven Stolzenberg	
	77 North Centre Avenue	
	Rockville Centre, NY 11570	
MGR	Irving Lowey	
	20217 Back Nine Drive	
	Boca Raton, FL 33498	
<u></u>		
(Use attachment if necessary)		
NOTE: An additional article must be added if an effective date is requested.		
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 herain are true.)		
Justin T. Reed, Organizer		
Typed or printed name of signce		
•••	~ *	

Filing Feet:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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New York, NY 10013