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SECRETARY OF STATE TALLAHASSEE. FLORIDA

JUL 17 AM 9: 23

O6 JUL 17 PH 3: 28

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

RICKY SOTO

07/17/2006

FILING COVER SHEET ACCT. #FCA-14

CONTACT:

Examiner's Initials

DATE:

	000631.54978 UPPER ECH	ELON SHOES LLC	THE 9: 23		
() ANNUAL REPORT		() ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK () LIMITED PARTNERSHIP	() ARTICLES OF DISSOLUTION () FICTITIOUS NAME		
() REINSTATEMENT		() MERGER	() WITHDRAWAL		
() CERTIFICATE OF C.	ANCELLATION				
() OTHER:					
STATE FEES PREPAID WITH CHECK# 517796 FOR \$ 155.00 AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:					
		COST LIN	MIT: \$		
PLEASE RETUR (XX) CERTIFIED COP () CERTIFICATE OF	Y	() CERTIFICATE OF GOOD STANI	DING () PLAIN STAMPED COPY		

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

SECREMASSEE	TIME JUL 17 HIS STATE	FILED 11 9:23
	ST.	

ARTICLE I			DA STATE		
The name of the	he Limited Liability Com	ipany is:	The state of the s		
UPPER ECHEL	ON SHOES LLC	NEWSCHOOL	ummyrupaaningaga — gaalaga gallilinnoi hidin rend ililininning sassa ^{run} iigh indig beforbil boo se alayse t witer		
ARTICLE II The mailing ac		of the principal office	of the Limited Liability Company is		
Principal Office Address:		<u>Majl</u>	Mailing Address.		
1515 N. Federal Highway			1515 N. Federal Highway		
Suite 206		Suite	206		
Boca Raton, FL 33432		Boca	Boca Raton, FL 33432		
	- Registered Agent, Re the Florida street address NRAI Services, Inc.		gistered Agent's Signature: t are:		
	Name				
	2731 Executive Park	Drive, Suite 4			
	Florida street add	dress (P.O. Box <u>NOT</u> accep	ptable)		
	Weston	FLORIDA	33331		
	Cit	y, 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, Florida Statutes..

Registered Agent's Signature Geraldine Mirando - Asst. Secretary

Page 1 of 2 (CONTINUED)

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: "MGR" = Manager "MGRM" = Managing Member **MGR** Robert B. Campbell 1515 N. Federal Highway- Suite 206 Boca Raton, FL 33432 (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 a cordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of penjury that the facts stated herein are true.) John P. Zampino - Authorized Representative

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

Typed or printed name of signes