

L06000087399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

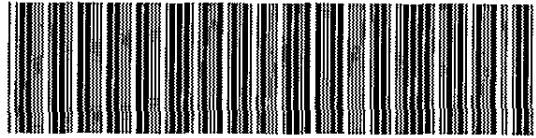
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

BM

Office Use Only



700078987637

09/06/06--01022--019 **155.00

RECEIVED
06 SEP -6 AM 11:39
FILED
06 SEP -6 PM 2:56
TALLAHASSEE, FLORIDA
STATE DEPT. OF STATE



UCC FILING & SEARCH SERVICES, INC.
 1574 Village Square Blvd Ste 100
 Tallahassee, Florida 32309
 (850) 681-6528 P

HOLD
 FOR PICKUP BY
 UCC SERVICES
 OFFICE USE ONLY

September 6, 2006

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

EcksCo LLC

Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Retrieval Request

- Photocopy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

06 SEP - 6 PM 2:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**Articles of Organization
For
Florida Limited Liability Company**

EcksCo LLC

FILED
06 SEP -6 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is EcksCo LLC.

ARTICLE II - Address:

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

765 Camino Lake Circle
Boca Raton, Florida 33486

ARTICLE III - Duration:

The Limited Liability Company shall dissolve no later than Perpetual.

ARTICLE IV - Management:

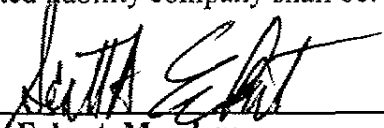
The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Scott A. Eckert
1192 East Newport Center Drive, Suite 200
Deerfield Beach, Florida 33442

Patricia A. Eckert
765 Camino Lake Circle
Boca Raton, Florida 33486

ARTICLE V - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: NONE.



Scott A. Eckert, 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.)

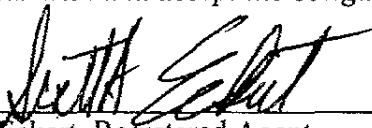
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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 EcksCo LLC.
2. The name and the Florida street address of the registered agent is:

Scott A. Eckert
765 Camino Lake Circle
Boca Raton, Florida 33486

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.



Scott A. Eckert, Registered Agent

Filing Fee: \$ 25 for Designation of Registered Agent