

L07000035638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

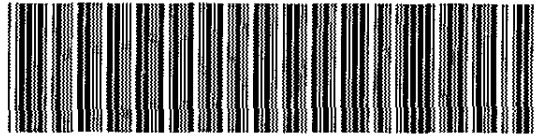
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SECRETARY OF STATE  
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CORP/DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

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**ACCT. #FCA-14**

**CONTACT:**      RICKY SOTO

**DATE:**            04/04/2007

**REF. #:**           000150.66542

**CORP. NAME:**   ELK CREEK CAPITAL, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 520748 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- ☒ CERTIFIED COPY      ☐ CERTIFICATE OF GOOD STANDING      ☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION  
OF  
ELK CREEK CAPITAL, LLC

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TALLAHASSEE, FLORIDA

**ARTICLE I. Name:** The name of the Limited Liability Company is Elk Creek Capital, LLC.

**ARTICLE II. Address:** The mailing address of the principal office of the Company is 255 Alhambra Circle, Suite 425, Coral Gables, FL 33134. The street address of the principal office of the Company is 255 Alhambra Circle, Suite 425, Coral Gables, FL 33134.

**ARTICLE III. Registered Agent, Registered Office & Registered Agent's Signature:** The name and the Florida street address of the Company's registered agent are:


Timothy Crowe  
255 Alhambra Circle, Suite 425  
Coral Gables, FL 33134

*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 in Chapter 608, Florida Statutes.*

  
\_\_\_\_\_  
Timothy Crowe

**ARTICLE IV. Management:** The Company shall be managed by its manager, as set forth in the Company's Operating Agreement and is therefore a manager-managed Company.

**IN WITNESS WHEREOF,** the undersigned has executed these Articles of Organization this 3 day of April, 2007.

  
\_\_\_\_\_  
Timothy Crowe, Authorized Person

(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.)