L08U 00014160

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_′ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



300113475613



SUFFICIENCY OF FILING
TO ACKNOWLEDGE
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

DEPARTMENT OF STATE

B. KOHR
FEB 8 2008

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE: 436733

7541620 -

AUTHORIZATION

ORDER DATE: February 7, 2008

ORDER TIME : 9:21 AM

ORDER NO. : 436733-005

CUSTOMER NO: 7541620

DOMESTIC FILING

NAME: ECHELON RESOURCES II, LLC

EFFECTIVE DATE:

XX ___ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CONTAIN		
ARTICLE I - Name:	\$0, % 1	
The name of the Limited Liability Company is:		
Echelon Resources II, LLC		
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	75	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company	
Principal Office Address:	Mailing Address:	
235 Third Street South	235 Third Street South	
Suite 300	Suite 300	
St. Petersburg, Florida 33701	St. Petersburg, Florida 33701	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		
The name and the Florida street address of the re	gistered agent are:	

Corporation	Service Company
	Name .
1201 Hays S	Street
F	lorida street address (P.O. Box NOT acceptable)
Tallahassee	_{FL} 32301
	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..

Corporation Service Company

BY:

Registered Agent(s Signature (REQUIRED)

Kimberty B. Moret

as its agent

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Echelon Properties LLC 235 Third Street South, Suite 300 St. Petersburg, Florida 33701 (Use attachment if necessary)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

ARTICLE V: Effective date, if other than the date of filing:

Signature of a member of an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

___. (OPTIONAL)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of nectury that the facts stated herein are true.)

S. G. Johnson, President of MGRM

Typed or printed name of signee

Filing Fees:

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