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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EK TECHNOLOGIES LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALERIS ERVIN (Name of Person)
EK TECHNOLOGIES LLC (Firm/Company)
3909 RESERVE DR # 1523
TALLAHASSEF, FL 32311 (City/State and Zip Code)
(City/State and Exp Code)
For further information concerning this matter, please call:
ALERTS ERVIN at (860) 294-0422 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigsim \$\subseteq \text{\$\subseteq \since \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \since \text{\$\since \since \text{\$\since \since \text{\$\since \since \text{\$\since \text{\$\since \since \text{\$\since \since \since \text{\$\since \since \sin
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "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:
3909 RESERVE DR. 3909 RESERVE DR. # 1523 TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32311
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
ALERIS ERVIN
3909 RESERVE DR. #1523 Florida street address (P.O. Box NOT acceptable)
TALLAHASE, FL 3231) 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 as 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 Charles 608, F.S Registered Agent's Signature (REQUIRED)
(CONTINUED) ST. No. 1992 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: Name and Address: "MGR" = Manager "MGRM" = Managing Member NGRM MBRI (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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 herein are true.) 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)