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To:

Division of Corporations
Fax Number : (850)617-6383

EXAMINER

From:

Account Name : HILL WARD HENDERSON
Account Number : 072100000520
Phone : (813)221-3900
Fax Number : (813)221-2900

100-10

FLORIDA/FOREIGN LIMITED LIABILITY CO.**Isolated Evaporation Services, LLC**

Certificate of Status	1
Certified Copy	1
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**ARTICLES OF ORGANIZATION
OF
ISOLATED EVAPORATION SERVICES, LLC**

The undersigned executes these Articles of Organization of Isolated Evaporation Services, LLC to form a limited liability company pursuant to the Florida Limited Liability Company Act:

ARTICLE I. NAME

The name of the limited liability company is: Isolated Evaporation Services, LLC.

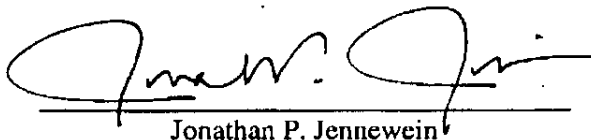
ARTICLE II. ADDRESS

The mailing and street address of the principal office of the limited liability company is 2805 Bald Mountain Road, Vail, Colorado 81657.

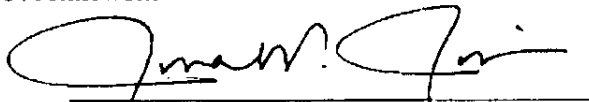
ARTICLE III. REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the limited liability company is 101 E. Kennedy Blvd., Suite 3700, Tampa, Florida 33602, and the name of the limited liability company's initial registered agent at that address is Jonathan P. Jennewein.

Having been named 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.


Jonathan P. Jennewein

EXECUTED: September 3, 2009


Jonathan P. Jennewein
Authorized Representative of Member

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