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## FLORIDA LIMITED LIABILITY CO. ECHO EXPERIENCE LLC

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Electronic Filing Menu

Corporate Filing Menu

EXAMINER 2/18/2011 3:04 PM

## H11000044712

) <del></del>	,
ARTICLE I - Name: The name of the Limited Liability Company is:	
The hadie of the Dillinea Diability Company is.	
GOHA EXAFRIENCE	LLC
(Must end with the words "Lifnited Liability Company, "L.L.C.," of	r"LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the	Limited Liability Company
Principal Office Address: Mailing Address	, <b>.</b>
USISE 3 RD TELLACE 451 S PARPOND BEACH, FL 33060 PUMPAI	is Jun 7 g s maring a s
15/5-6-3 RD 16/400- 45/5	E. 3/10 TERRIFCE
TOMPONE DEREN, LC 35000 POIN PHI	<u> </u>
ARTICLE III - Registered Agent, Registered Office, & Registe	
(The Limited Liability Company cannot serve as its own Registered Agent. You must debusiness entity with an active Florida registration.)	rignate an individual or another
The name and the Florida street address of the registered agent are	
JUSU R. BARZAGA	
Name	<del></del>
Name  451 S.C. 3 R.S. Teller Ce  Florida street address (P.O. Box NOT a  POMPANO BEACK FL 3306  City, State, and Zip	
Florida street address (P.O. Box NOT a	:ceptable)
POUDAND BEACK FL 3306	<u>ට</u>
City, State, and Zip	
Having been named as registered agent and to accept service of pro	cess for the above stated limite
liability company at the place designated in this certificate, I hen	by accept the appointment as
registered agent and agree to act in this capacity. I further agree to statutes relating to the proper and complete performance of my du	comply with the provisions of c ies, and I am familiar with and
accept the obligations of my position as registered agent as prov	ded for in Chapter 608, F.S
	•
read f.	
Registered Agent's Signature (RECVIRED)	=
	FEB.
(CONTINUED)	
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(CONTINUED) Page 1 of 2	8 AK
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ARTICLE	1 A -	MINIMEGLIR	וע זט ו		TATCHINEL	3).

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	·
MGRM	JUAN R. BARZAGA 451 S.E. 3 PD TERRACE POMPANO BEACH FL 33060
	451 S.E. 3 PED TERRACE
	POMPANO BEACH FL 33060
	•
•	
<del></del>	
	A A CONTRACTOR OF THE PARTY OF
(Use attachment if necessary)	
CLE V: Effective date, if other	than the date of filing: (OPTIONAL)
	must be specific and cannot be more than five business days pri
00 days after the date of filing.)	
-	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	Tay Sym
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	a member or an authorized representative of a member.
REQUIRED SIGNATURE:  Signature of  (In accordance with se	auf Bru

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS