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SECRETARY OF STATE
OF STATE

J. BRYAN

MAR - 7 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: UmEcho
	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Ron Gibson-Registered Agent
	Name of Person
	NATO So 1
	Firm/Company
	P.O.Box 1418 Firm/Company Address City/State and Zip Code
	Address
	P.O.Box 1418
	City/State and Zip Code
	Sarasota, Florida. 34230-1418
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Jeffr	ey H. Page 480-3248
	Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
	Filing Fee \$\sum \\$\sum \\\sum \\\sum \\\ \sum \\\ \sum \\\ \sum \\\ \su
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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: UmEcho LLC. (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:** 2015 S. Tuttle Ave P.O.Box 1418 Sarasota, FL. 34230-1418 Sarasota, FL. 34239 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: Ron Gibson Name

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..

City, State, and Zip

Florida street address (P.O. Box <u>NOT</u> acceptable) FL 34239

Registered Agent's Signature (REQUIRED

2015 S. Tuttle Ave, Suit A

Sarasota

(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:

MGR	Jeffrey H. Page P.O.Box 1418 Sarasota, FL. 34230-1418	
MGRM	Mahsa Zandi Page	
	P.O.Box 1418	
	Sarasota, FL. 34230-1418	
(Use attachment if necessary)		HASSEE FLORIT
(656 4		
CLE V: Effective date, if other than the	date of filing:	(OPTI O NAL)
ffective date is listed, the date must be days after the date of filing.)	e specific and cannot be more than f	ive business days p

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jeffrey H. Page

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)