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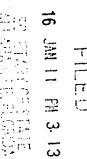
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صالحه ال

COVER LETTER

Division of Corporations	
SUBJECT: Echophase LLC Name of Limited Liability Company	an
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ERATERINA GILROY Name of Person	
Name of Person	
Firm/Company	
604 Shore WOOD DR., B402	,
Address	
CAPE CANAVERAL FL, 3 City/State and Zip Code KATEGILEOY C hofmail. Com E-mail address: (to be used for future annual report notificat	2920
City/State and Zip Code	
E-mail address: (to be used for future annual report notifical	tion)
For further information concerning this matter, please call:	
	a D
Kate Gilroy at 321, 480-3. Name of Person Area Code Daytime Telephon	348
Name of Person Area Code Daytime Telephor $OR 32/6/3-3$	ne Number 441
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Status S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporatP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive CentTallahassee, FL 323	ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

16 JAN 11 PH 3-13

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Echophase	LLC 16 JAN 11 PM 3-13 Company, "L.L.C.," or "LLC.") EXHETIATOR STATE ALL MANAGEMENT OF STATE
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.") LUMINITY OF STATE
ARTICLE II - Address:	<u>.</u>
The mailing address and street address of the principal office of the	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
GOY Shorewood DR. B402 CAPE CANAVERAL, FL	GOY ShOREWOOD DR. B402 CAPE CANAVERAL, FL
CAPE CANAVERAL, FL	
32920	32920
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are EKATERINA	

604 Shorewood DR. B 402
Florida street address (P.O. Box NOT acceptable)

CAPE CANAVERAL, FL, 32920
City State 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 605, F.S.

(CONTINUED)

Page 1 of 2

<u>Firle:</u> "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	The same of the same
_MGR	EKATERINA GILRUY 604 SHOREWOOD DR. BY CAPE CANAVERAL, FL, 3
•	GOY SHORE WOOD DR. BY
	CAPE CANAVERAL, FL, 3
	4
Use attachment if necessary)	
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ARTICLE IV-