

MO400000697

Florida Department of State
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FOREIGN LIMITED LIABILITY COMPANY
ECHOSPHERE L.L.C.

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Echosphere L.L.C.
(Name of foreign limited liability company)
2. Colorado
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 84-0833457
(FEI number, if applicable)
4. 12/4/1988
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. January 1, 2004
(Date first transacted business in Florida. (See sections 608.301, 608.302, and 817.135, F.S.)
9601 South Meridian Boulevard
Englewood, Colorado 80112
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☐
9. The name and usual business addresses of the managing members or managers are as follows:
EchoStar DBS Corporation, is Sole Member
9601 South Meridian Boulevard
Englewood, Colorado 80112
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

Nature of business or purposes to be conducted or promoted in Florida: _____

Satellite equipment manufacturing and distribution

Echosphere L.L.C. By: EchoStar DBS Corporation, it's Sole Member

By: R. Stanton Dodge
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

R. Stanton Dodge, Assistant Secretary

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Echosphere L.L.C.

2. The name and the Florida street address of the registered agent and office are:

NRAI Services, Inc.,

(Name)

520 E. Park Avenue

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.
NRAI Services, Inc.

By: 

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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**STATE OF COLORADO****DEPARTMENT OF
STATE
CERTIFICATE**

I, DONETTA DAVIDSON, Secretary of State of the State of Colorado,
hereby certify that, according to the records of this office,

ECHOSPHERE L.L.C.
(Colorado LIMITED LIABILITY COMPANY)
File # 19871418705

was filed in this office on December 4, 1980 and has complied with the applicable provisions
of the laws of the State of Colorado and on this date is in good standing and authorized and
competent to transact business or to conduct its affairs within this state.

Dated: January 30, 2004

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Donetta Davidson
SECRETARY OF STATE

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