M14000005512

| (Re | questor's Name) | <u> </u> | | |
|---|-------------------|---------------------------------------|--|--|
| (Ad | dress) | · · · · · · · · · · · · · · · · · · · | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nam | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



200260141572

TO ACCROMISED FILLING

THE STATE OF STATE OF

FILED
INNAY 22 AMID:

MAY 2 3 2013 T. HAMPTON



| ON SÉRVICE COMPANY | | | | | | |
|--|--|--|--|--|--|--|
| ACCOUNT NO. : 12000000195 | | | | | | |
| REFERENCE : 140746 7319438 | | | | | | |
| AUTHORIZATION: Spelbelena | | | | | | |
| COST LIMIT : \$125.00 | | | | | | |
| ORDER DATE : May 20, 2014 | | | | | | |
| ORDER TIME : 3:53 PM | | | | | | |
| ORDER NO. : 140746-010 | | | | | | |
| CUSTOMER NO: 7319438 | | | | | | |
| | | | | | | |
| FOREIGN FILINGS | | | | | | |
| | | | | | | |
| NAME: ECHO PARADISE, LLC | | | | | | |
| | | | | | | |
| XXXX QUALIFICATION (TYPE: <u>LL</u>) | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | | | | | |
| CONTACT PERSON: Emily Gray EXT# 62925 | | | | | | |
| EXAMINED. | | | | | | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| *OREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ECHO Paradise, LLC |
|--|
| (Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C" or "LLC.") |
| If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited liability Company." "L.L.C." or "LL.C.") |
| Delaware |
| Chrisdiction under the law of which foreign limited hability (FEI number, if applicable) company is organized) |
| Upon filing |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability.) |
| 701 Alpha Drive |
| Pittsburgh, PA 15238 |
| (Street Address of Principal Office) |
| Pittsburgh, PA 15238 |
| (Mailing Address) |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: |
| ECHO Portfolio II, L.P., sole member |
| 701 Alpha Drive |
| Pittsburgh, PA 15238 |
| Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official aving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ecceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator nust be submitted) Signature of an authorized person in accordance with 5.5 not-695,9203, F.S., the execution of this document constitutes an atfirmation under the penalties of perture that the facts stated herein are true in aware that any talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.847.155, F.S.) |
| Thomas Karet |
| Typed or printed name of signee |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d). 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 | of the Limited Liability | y Company is: | | |
|--------------------|--|---|--|--|
| ECHO Paradise, LLC | | | | |
| If unavailable. | the alternate to be use | ed in the state of Florida is: | | |
| 2. The name a | nd the Florida street a | address of the registered agent and office are: | | |
| | Corporation Service | Company | | |
| | -8 | (Name) | | |
| | 1201 Hays Street | | | |
| | Florida Street Address (P.O. Box NOT acceptable) | | | |
| | Tallahassee | FL | | |
| | | 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, Florida Statutes.

Corporation Service Company
(Signiture)

Sue G. Knight Assistant Vice President

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

SECKE PART STATE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ECHO PARADISE, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TWENTY-FIRST DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ECHO

PARADISE, LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D.

2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5536557 8300

140683995

Jeffrey W Bullock, Secretary of S

AUTHENTY CATION: 1391221

DATE: 05-21-14

You may verify this certificate online at corp.delaware.gov/authver.shtml