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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

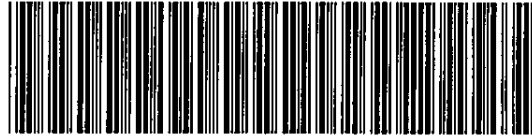
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OceanTech Cruises, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew J. Kohan, ESQ.
(Name of Person)

Andrew J. Kohan, P.A.
(Firm/Company)

5140 Coconut Creek Parkway
(Address)

Margate, FL 33063
(City/State and Zip Code)

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For further information concerning this matter, please call:

Andrew J. Kohan at (954) 978-2488
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company
Cruises, L.L.C.

ARTICLE II

The mailing address and street address of the principal office
of the Limited Liability Company is:

Principal Office Address:

10033 N.W. 20 Street
Coral Springs, FL 33071

Mailing Address:

10033 N.W. 20 Street
Coral Springs, FL 33071

ARTICLE III

The name of the initial registered agent of this Limited
Liability Company is Paul Waxman, whose address for service of
process is 10033 N.W. 20 Street, Coral Springs, Florida 33071.

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 register 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 agent as provided in Chapter
608, F.S.



Registered Agent's Signature

ARTICLE IV

The initial registered office is located at 10033 N.W. 20
Street, Coral Springs, FL 33071.

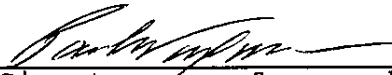
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ARTICLE V

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

Managing Member

Paul Waxman
10033 NW 20 St.
Coral Springs, FL 33071



Signature of member or an
authorized representative or
a member

Typed or printed name of signee
PAUL WAXMAN

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