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	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	LLC
•	OVERSEAS CHARTER (CORPORATE NAME AND DOCUM	YACHTS & FISHING, LLC MENT #)
	(CORPORATE NAME AND DOCUM	MENT #)
i.	(CORPORATE NAME AND DOCUM	MENT #)
	(CORPORATE NAME AND DOCUM	MENT #)
•	(CORPORATE NAME AND DOCUM	MENT #)

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ARBELTZOR ORGANINATION FOR REGIGNATIAN DEPARTMENT AND COMPANY OF THE PROPERTY	
ARTICLE 1 - Name: The name of the Limited Liability Company is:	PEOPLITARY OF STATE
Overseas Charter Yachts & Fishing, LLC	
(Must contain 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 Con	mpany is:

Principal Office Address:	Mailing Address:
1 Las Olas Circle, Suite 1211	1 Las Olas Circle, Suite 1211
Ft Lauderdale,FL 33316	Ft. Lauderdale, FL 33316

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:

Scott Jarvie		
	Name	
1 Las Olas Cuele, Si	uite 1211	
Florida street addres	ss (P.O. Box <u>NOT</u> as	cceptable)
Ft. Lauderdale	F <u>L</u>	33316
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Scott Jasvie 1 Las Olas Circle, Suite 1211 Et 1 auderdale, FL 33316
	·
(Use attachment if necessary) LEV: Effective date, if other than the	date of filing (OPTIONAL)
LEV: Effective date, if other than the fective date is listed, the date must be of filling.)	ne specific and cannot be more than five business days prior to or not meet the applicable statutory filing requirements, this date will
LE V: Effective date, if other than the fective date is listed, the date must be of filling.) If the date inserted in this block does ument's effective date on the Department's effective date on the Department.	ne specific and cannot be more than five business days prior to or not meet the applicable statutory filing requirements, this date will
LE V: Effective date, if other than the fective date is listed, the date must be of filling.) If the date inserted in this block does urnerit's effective date on the Department's Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will ment of State's records.
LE V: Effective date, if other than the fective date is listed, the date must be of filling.) If the date inserted in this block does unment's effective date on the Department's effective date in this document is effective date, if other than the date must be department.	ne specific and cannot be more than five business days prior to or not meet the applicable statutory filing requirements, this date will
LE V: Effective date, if other than the fective date is listed, the date must be of filling.) If the date inserted in this block does unment's effective date on the Department's effective date in this document is effective date, if other than the date must be department.	a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statute false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.

ARTICLE IV-