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NAME: INNER CIRCLE SPORT FISHING LLC

TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PA

COVER LETTER

10:	Registration Section Division of Corporations	
SURIE	ест: Inner Circle Sport Fishing	ı LLC
0000		ited Liability Company
The en	closed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this ma	tter to the following:
	Sarah Dettenwanger	
		Name of Person
	Capitol Services - Corporate I	
		Firm/Company
	800 Brazos Ste 400	Address
		Audicas
	Austin TX 78701	ty/State and Zip Code
	mlessard@bassdoherty.co	om
For fur	ther information concerning this matter, plea	be used for future annual report notification) se call:
Sara	h Dettenwanger at (800 <u>345-4647</u>
	Name of Person A	rea Code Daytime Telephone Number
	od is a check for the following amount: 0 Filing Fee \$\frac{130.00}{Certificate of Status}	\$155.00 Filing Fee & \$160.00 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 Tailahassee, 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 1 - Name: The name of the Limited Liability Company is:	
Inner Circle Sport Fishing LLC	F. 12
	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address: Mail	ling Address:
9 Cider Hill Road	9 Cider Hill Road
Hampton Falls, NH 03844	Hampton Falls, NH 03844
another business entity with an active Florida registration. The name and the Florida street address of the registere. Capitol Corporate Nam 155 Office Plane	d agent are: te Services, Inc. c aza Dr Ste A
Florida street address (P.O. Bo	x <u>NOT</u> acceptable)
Tallahassee	FL 32301
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ol	Zip ervice of process for the above stated limited liability company at pt the appointment as registered agent and agree to act in this stofall statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in poter 605, F.S Gayle Windle, Asst. Sec. on behalf of Capitol Corporate Services, Inc. ature (REQUIRED)

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member Title: "MGR" = Manager	Name and Address:
MGR	Christopher J. Rondeau
	9 Cider Hill Road
	Hampton Falls, NH 03844
MGR	Hampton Falls, NH 03844 Michelle L. Rondeau 9 Cider Hill Road Hampton Falls, NH 03844
	9 Cider Hill Road
	Hampton Falls, NH 03844
	· · · · · · · · · · · · · · · · · · ·
Tice attachment if necessary	
E V: Effective date, if other than the date etive date is listed, the date must be spe	of filing:
EV: Effective date, if other than the date effive date is listed, the date must be sport filling.)	of filing:
EV: Effective date, if other than the date ctive date is listed, the date must be spef filing.) EVI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 day
E V: Effective date, if other than the date ctive date is listed, the date must be spef filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 day Milled Hendle
E V: Effective date, if other than the date ective date is listed, the date must be spend filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section of constitutes an affirmation up I am aware that any false in.	ecific and cannot be more than five business days prior to or 90 day
REQUIRED SIGNATURE: Signature of a me (In accordance with section of a maconstitutes an affirmation under the section of a maconstitutes at a section of a maconstitutes at a section of a maconstitutes at the section of a maconstitute of a maconsti	mber or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document noder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State

Page 2 of 2