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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

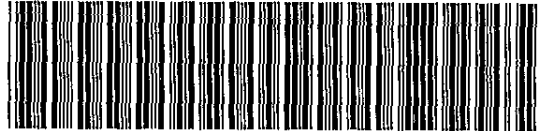
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Ronald B Tobin
22 Boxleaf Ct
Homosassa, Fl 34446
Tel: 352 382-3890

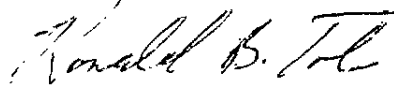
Florida Dept of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir / Madam

Enclosed are the articles of incorporation for a Florida Limited Liability Co along with a check to cover the filing fees as per the instructions on the web site.

Thank You



Ronald B. Tobin

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SASSY RIVER CRUISERS LLC
(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:

RONALD B TOBIN
(Name of Person)

(Firm/Company)

22 BOXLEAF CT
(Address)

HOMOSASSA , FLORIDA 34446
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL GETTINGS at (352) 382-1075
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SASSY RIVER CRUISES LLC

ARTICLE II - Address:

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

Principal Office Address:

4 BONNIE CT

HOMOSASSA, FL 34446

Mailing Address:

4 BONNIE CT

HOMOSASSA, FL 34446

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

RONALD B TOBIN

Name

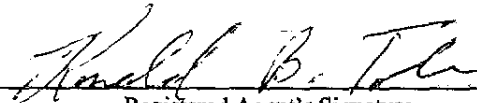
22 BOXLEAF CT

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

HOMOSASSA FL 34446

City, State, and 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 608, F.S..



Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

RONALD & MARJORIE TOBIN

22 BOXLEAF CT

HOMOSASSA, FL 34446

MGRM

MICHAEL & CAROLEE GETTINGS

RONALD B TOBIN

HOMOSASSA FL 34446

MGRM

KENNETH & MARIE ECKHARDT

6 GLENRIDGE BLVD

HOMOSASSA, FL 34446

MGRM

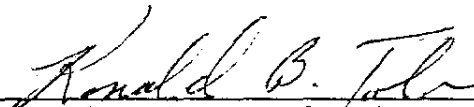
MGRM

MICHAEL & CAROLEE GETTINGS

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

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

RONALD B TOBIN

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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