MEMBER

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS GARY D. TRAPP, P.A.

Certified Public Accountant (941) 748-8443 FAX (941) 748-2839

**ADDRESS** 

2723 MANATEE AVENUE WEST BRADENTON, FLORIDA 34205

February 23, 2000

600003151015--1 -02/29/00--01022--006 \*\*\*\*125.00 \*\*\*\*125.00

Registration Section Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs,

Enclosed find the articles of organization for Tarpon Tides LLC. Please process in due course.

Sincerely,

Gary D. Trapp

President Agent



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 2, 2000

GARY D. TRAPP, P.A. 2723 MANATEE AVENUE WEST BRADENTON, FL 34205

SUBJECT: TARPON TIDES, LLC Ref. Number: W00000005681

We have received your document for TARPON TIDES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

The document must be entitled "Articles of Organization".

The document must include the registered agents name.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 600A00011610

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limite	ed Liability Company is:	
	Tarpon Tides, LLC	
2723 Manate Byndenton, F	ss: ad street address of the principal office of the Limited Liability Company i  PH. WS+	s: 
The name and the Flori	ida street address of the registered agent are:	
	Name  Name  Name  Name  Name  Name  Not acceptable)  RANGNTON, FL 3430.5	 - ·
	City, State, and Zip	
liability company at the registered agent and a statutes relating to the	City, State, and Zip  s registered agent and to accept service of process for the above stated limit the place designated in this certificate, I hereby accept the appointment as tagree to act in this capacity. I further agree to comply with the provisions of the proper and complete performance of my duties, and I am familiar with and the of my position as registered agent as provided for in Chapter 608, F.S	f all
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Typed or printed name of signee

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)