

Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255
Phone: (305)541-3694
Fax Number: (305)541-3770

LIMITED LIABILITY COMPANY

SURFSIDE WATER SPORTS, LLC

Certificate of Status	
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: Surfside Water Sports,
ILC

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

1213 N. E. 94th Street

Miami, FL 33138

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

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

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 statules 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..

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional smicle must be added if an effective date is requested)

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

(In accordance with saction 608.408(3), Floride Statutes, the execution of this document constitutes an affirmation under the penaltics of porjury that the fects stated herein are true.)

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FILING FEES: \$ 100.00 Filing Pee for Articles of Organization 25.06 Designation of Registered Apont
30.00 Cardinal Geor (OFFICEAL) 30.00 Cardina Copy (OFTICNAL)
5.00 Cardificate of Status (OPTIONAL)

TOTAL P.01