

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L0100 0012363

Everglades Scientific, Engineering and Administrative Services (SEAS) T

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-07/26/01--01067--025

*****30.00 *****30.00

500004500605--8

-07/26/01--01067--024

*****125.00 *****35.00

500004500605--8

-07/26/01--01067--024

*****125.00 *****125.00

☐ Profit

☐ Amendment

☐ Merger

☐ Nonprofit

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Reinstatement

☒ Limited Partnership

☐ Annual Report

☐ Other

☒ LLC

☐ Name Registration

☐ Change of RA

☐ Fictitious Name

☐ UCC

☒ Certified Copy

☐ Photocopies

☐ CUS

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

7/26/01

Order#: 4686385

Availability

Document

Examine

Notarize

UCC

Verifier

Ref#:

Amount: \$

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 26 PM 3:46

APPROVE
AND
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DEPARTMENT OF CORPORATIONS
DIVISION OF CORPORATIONS
2001 JUL 26 PM 1:30
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

60 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Everglades Scientific, Engineering and Administrative Services (SEAS) Team, LLC

ARTICLE II - Address:

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

701 Northpoint Parkway, Suite 100, West Palm Beach, FL 33407

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

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

CT Corporation System
Name

c/o CT Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)

Plantation, Florida 33324
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..



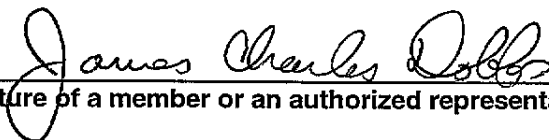
Registered Agent's Signature

By: Judith B. Argao, Asst. Secy.

Article IV - Management (Check box if applicable.)

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

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



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.)

Typed or printed name of signee: James Charles Dobbs

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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