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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone : (305) 599-0839

Fax Number : (305) 716-0346

LIMITED LIABILITY COMPANY

RECREATIONAL SOLUTIONS, L.L.C.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: NAME

The name of the Limited Liability Company is:
Recreational Solutions, L.L.C.

ARTICLE II: ADDRESS

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

3900 County Line Road, #22A
Tequesta, Florida 33469

ARTICLE III: REGISTERED AGENT AND STREET ADDRESS

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

John M. Torbus
3900 County Line Road, #22A
Tequesta, Florida 33469

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.

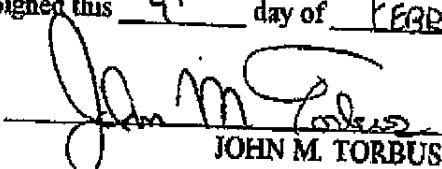

Registered Agent's Signature

ARTICLE IV: MANAGEMENT

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

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.

Signed this 4th day of FEBRUARY, 2002.


JOHN M. TORBUS

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