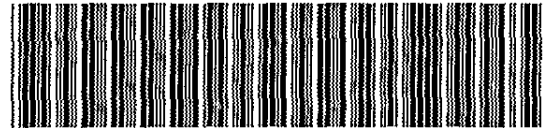


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02 DEC -5 AM 9:28

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



100009172021

12/05/02--01016--011 **155.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AL

Office Use Only

December 3, 2002

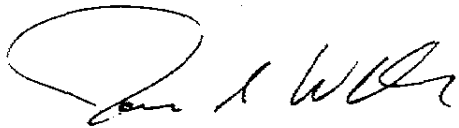
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

James G. Weller
108 Mar A Lago Blvd
Santa Rosa Beach, FL 32459

To Whom It May Concern:

Please find enclosed the Articles of Organization and Filing Fees to set up a new Florida Limited Liability Company, Zyachts, LLC. Should you need anything further to process the paperwork, I may be reached during the day at 770-652-2025 or 770-772-4758.

Sincerely,

A handwritten signature in black ink, appearing to read "James G. Weller", written over a horizontal line.

James G. Weller

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

02 DEC -5 AM 9:28

ARTICLE I - Name:

The name of the Limited Liability Company is:

Zyachts, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

108 Mar A Lago Blvd, Santa Rosa Beach, FL 32459

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

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

Gina Weller

Name

108 Mar A Lago Blvd

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

Santa Rosa Beach FL 32459

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.

Gina Weller

Registered Agent's Signature

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

James G. Weller

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.)

James G. Weller

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)