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CAPITAL CONNECTION, INC.

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.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Portofino CI	nanters, LLC	-	
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	•	Art of Inc. File	
·		LTD Partnership File	
		Foreign Corp. File	
		L.C. File	
		Fictitious Name File	
		Trade/Service Mark	
	•	Merger File	
•		Art. of Amend. File	
		RA Resignation	
		Dissolution / Withdrawal	
		Annual Report / Reinstatement	
		Cert. Copy	
	•	Photo Copy Certificate of Good Standing	<u> </u>
		Certificate of Good Standing	
	·	Certificate of Status Certificate of Fictitious Name Certificate of Fictitious Name	P# 12:
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•		Corp Record Search	
		Officer Search	
		Fictitious Search	
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ARTICLES OF ORGANIZATION OF PORTOFINO CHARTERS, LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - NAME:

The name of the Limited Liability Company is: Portofino Charters, Limited Liability Company.

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is 4301 Spanish Trail, Pensacola, Florida 32504.

ARTICLE III - DURATION:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by the member and the name and address of the managing member is:

Roy Jones, Jr. 4301 Spanish Trail Pensacola, Florida 32504

ARTICLE V - REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE:

The street address of the initial registered office of this corporation in the State of Florida and the name of its initial registered agent at that office is as follows:

William E. Farrington, II 307 South Palafox Street Pensacola, Florida 32501

Having been named as registered agent and to accept service or process for the abovestated 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, Florida Statutes.

WILLIAM E. FARRINGTON, II Registered Agent

STATE OF FLORIDA COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 16 day of May, 2003, by ROY JONES, JR., who is personally known to me or who produced as identification.

LINDA A. CREWS Notary Public-State of FL Comm. Exp. Oct. 17, 2004 Comm. No. DD 012211 Sign: JAMA A. CREWS

Print: LINDA A. CREWS

NOTARY PUBLIC - STATE OF FLORIDA

My Commission Expires: 10-17-04 My Commission Number: DD 012311

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