# L03000018474

(Requestor's Name)				
(Address)				
(Ad-	dress)			
- Cit	y/State/Zip/Phone	- #1		
		· _		
PICK-UP	WAIT	MAIL		
(Bu <b>s</b> iness Entity Name)				
(100	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

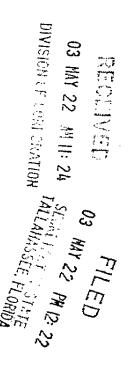


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05/22/03--01049--026 \*\*125.00

BU



### CAPITAL CONNECTION, INC.

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

Burf Producers, LLC		OS ELLED
<u> </u>	<u> </u>	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
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
<u> </u>		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:	, ,	UCC 1 or 3 File
	5 20 63 10:30	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

#### ARTICLE I - Name:

The name of the Limited Liability Company is: SURF PRODUCERS, LLC.

ARTICLE II - Address:

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

8934 Abbott Avenue Surfside, Fla. 33154

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 a manager and the name and address of such manager who is to serve as manager is:

RONALD SCELZA

8934 Abbott Avenue Surfside, Fla. 33154

and is, therefore, a manager managed company.

Signature of a member or authorized member.
(In accordance with section 608.408(3), Florida
Statutes, the execution of this affidavit constitutes
an affirmation under the penalties of
perjury that the facts stated
herein are true.)

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMESS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. the name of the limited liability company is:

SURF PRODUCERS, LLC.

2. The name and address of the registered agent and office is:

RONALD SCELZA

(Name)

8934 Abbott Avenue
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Surfside, Fla. 33154

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.

(City/State/Zip)

Filing Fee: \$35 for Designation of Registered Agent