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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

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

Dream Dive, LLC

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Art of Inc. File _____
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☒ L.C. File _____
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Art. of Amend. File _____
RA Resignation _____
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Annual Report / Reinstatement _____
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Photo Copy _____
Certificate of Good Standing _____
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Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
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UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

Signature _____

Requested by: _____

Name SS Date 7/21/03 Time 9:45

Walk-In _____ Will Pick Up _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: _____

Dream Dive, LLC

ARTICLE II - Address:

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

Principal Office Address:

1825 48th Avenue

Vero Beach, Florida 32966

Mailing Address:

1825 48th Avenue

Vero Beach, Florida 32966

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

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

Eric C. Barkett

Name

2165 15th Avenue

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

Vero Beach, Florida 32966 FL

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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

James Joseph Norconk, III

1825 48th Avenue

Vero Beach, Florida 32966

MGRM

Teresa M. Norconk

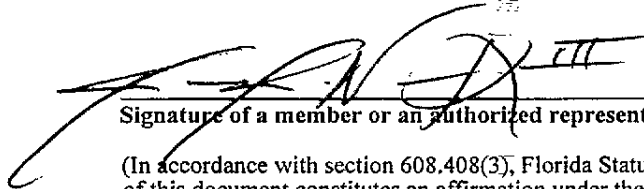
1825 48th Avenue

Vero Beach, Florida 32966

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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 Joseph Norconk, III

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)

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