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Account Number : 075500004387  
Phone : (813)229-7600  
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RECEIVED  
04 AUG 18 AM 8:12  
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LIMITED LIABILITY COMPANY  
MAXIMO MARINA VENTURES, LLC

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**ARTICLES OF ORGANIZATION  
MAXIMO MARINA VENTURES, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is MAXIMO MARINA VENTURES, LLC.

**ARTICLE II - Address:**

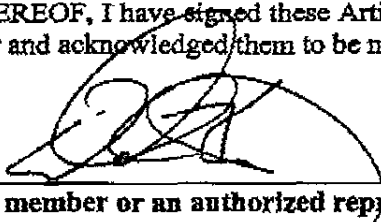
The street and mailing address of the principal office of the Limited Liability Company is:

724-A 2<sup>nd</sup> Avenue South  
St. Petersburg, Florida 33701

**ARTICLE III - Management:**

The Limited Liability Company is to be managed by a manager or managers.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 18<sup>th</sup> day of August, 2004.



\_\_\_\_\_  
**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.)

William Kent Ihrig

\_\_\_\_\_  
**Typed or printed name of signee**

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is MAXIMO MARINA VENTURES, LLC.
- 2. The name and the Florida street address of the registered agent are:

William Kent Ihrig  
 Shumaker, Loop & Kendrick, LLP  
 101 East Kennedy Blvd.  
 Suite 2800  
 Tampa, Florida 33602

*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.*

  
 \_\_\_\_\_  
 Signature

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