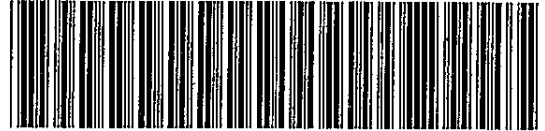


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2004 AUG 27 P 3:08

(Requestor's Name) SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



100040402251

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Registration Section  
Division of Corporations

2004 AUG 27 P 3:08

SUBJECT: Agua Marine Applications LLC  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth W. Anderson  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

904 2nd Ave  
(Address)

New Smyrna Beach FL 32169  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth W. Anderson at ( 386 ) 314-6658  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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AquaMarine Applications LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

904 2nd Ave.  
New Smyrna Beach  
FL 32169

P.O. Box 2602  
New Smyrna Beach  
FL 32170

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

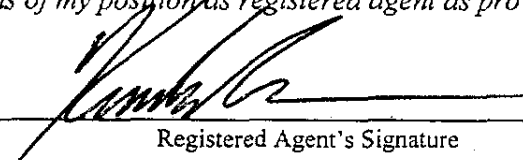
The name and the Florida street address of the registered agent are:

Kenneth W. Anderson  
Name

904 2nd Ave  
Florida street address (P.O. Box NOT acceptable)

New Smyrna Beach FL 32169  
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

MGR

**Name and Address:**

Kenneth W. Anderson  
904 2nd Ave.  
New Smyrna Beach FL 32169

**FILED**

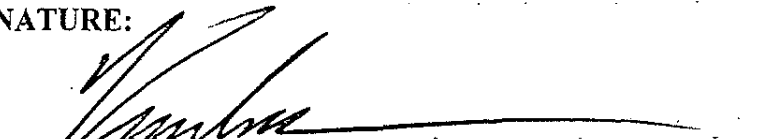
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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.)

Kenneth W. Anderson

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)