

LOS 00000 9283

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

05 JAN 28 PM 4: 08

DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

H2O Sports Productions LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **H2O Sports Productions LLC**

ARTICLE II - Address

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

Principal Office Address:Mailing Address:

5566 Lago Del Sol Drive

5566 Lago Del Sol Drive

Lake Worth, FL 33467

Lake Worth, FL 33467

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

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

Jaret Llewellyn

Name

5566 Lago Del Sol Drive

(P.O. Box or Mail Drop Box NOT Acceptable)

Lake Worth, FL 33467

(City / State / Zip)

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 TALLAHASSEE, FLORIDA

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 Jaret Llewellyn

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:MGRMJaret Llewellyn- 5566 Lago Del Sol Drive, Lake Worth, FL 33467MGRMBritta Llewellyn- 5566 Lago Del Sol Drive, Lake Worth, FL 33467MGRMNathaniel Ostashewski- P.O. Box 5111, Bonnyville, Alberta, Canada T9N 2G3MGRMJuliet Ostashewski- P.O. Box 5111, Bonnyville, Alberta, Canada, T9N 2G3

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Jaret Llewellyn

Typed or printed name of signee

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