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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIN EXPEDITIONS LTD. CO.
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Herman Timothy CHASTAIN
(Name of Person)

FIN EXPEDITIONS LTD CO
(Firm/Company)

425 North Shore Drive
(Address)

Cocoa Beach FL 32931
(City/State and Zip Code)

SECRET
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Herman Timothy Chastain at (321) 783-6092
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fin Expeditions LTD CO

ARTICLE II - Address:

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

Principal Office Address:

425 North Shore DR.
Cocoa Beach FL
32931

Mailing Address:

425 North Shore DR
Cocoa Beach FL
32931

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

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

Heeman Timothy Christain
Name

425 North Shore DR.
Florida street address (P.O. Box **NOT** acceptable)
Cocoa Beach FL 32931
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..

Heeman Timothy Christain
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

* Herman Timothy CHASTAIN
HERMAN Timothy CHASTAIN
425 North Shore Drive
COCOA BEACH FL.

MGR

Herman Timothy CHASTAIN
425 North Shore Drive
COCOA BEACH FL 32931

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Herman Timothy Chastain
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.)

Herman Timothy CHASTAIN
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

* Entered
in
ERROR HTC

SECRETARY
HALLMAN SECRETARY

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