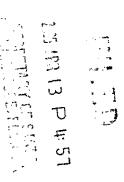
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARITIME ALLIANCE, LLC

The enclosed Article of Organization and fees are submitted for filing. Please return all correspondence concerning this matter to the following:

John I. Middaugh Attorney at Law 4100 Corporate Square, Ste. 152 Naples, FL 34104

For further information concerning this matter, please call:

John I. Middaugh at (239) 263-3100

Enclosed is a check for the following amount:

\$125.00 Filing Fee
\$\$130.00 Filing Fee & Certificate of Status
\$\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
\$\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

or

STREET ADDRESS:

Florida Department of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 (850) 245-6051

MAILING ADDRESS:

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (850) 245-6051

ARTICLES OF ORGANIZATION

FOR

FLORIDA LIMITED LIABILITY COMPANY

MARITIME ALLIANCE, LLC

Pursuant to Section 608.407, Florida Statutes, the following is set forth:

ARTICLE I - NAME

The name of the Limited Liability Company is MARITIME ALLIANCE, LLC.

ARTICLE II – ADDRESS

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

Maritime Alliance, LLC 5600 Cypress Hollow Way Naples, FL 34109

<u>ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED</u> AGENT'S SIGNATURE:

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

Name:

Paul Boland

Address: 5600 Cypress Hollow Way

Naples, FL 34109

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, Florida Statutes.

Registered Agent's Signature

ARTICLE IV - MANAGING MEMBERS

The name and address of each Managing Members is as follows:

<u>Title</u> Name and Address

MGRM Paul Boland

5600 Cypress Hollow Way

Naples, FL 34109

MGRM Christopher John Boland

5600 Cypress Hollow Way

Naples, FL 34109

MGRM Vaughn Peters

900 Broad Avenue South, #6

Naples, FL 34102

ARTICLE V - COMMENCEMENT OF EXISTENCE

This Limited Liability Company shall be deemed to commence its existence when these Articles are filed with the Florida Department of State.

ARTICLE VI – BUSINESS PURPOSE

The purpose of the Limited Liability Company is to engage in any lawful act or activity for which a Limited Liability Company may be formed under the Limited Liability statutes of the State of Florida.

ARTICLE VII - DURATION

The Limited Liability Company shall have a perpetual existence.

<u>ARTICLE VIII – MEMBERS LIMITED LIABILITY</u>

The liability of the members shall be limited as provided under the laws of the Florida Limited Liability statutes.

ARTICLE IX - MEMBERS AS AGENTS

No member other than the Managing Members are agents of the Limited Liability Company or have the authority to make any contracts, enter into any transactions, or make any commitments on behalf of the Limited Liability Company, each of whom, individually shall have the authority. No member shall be an agent of any other member of the Limited Liability Company solely by reason of being a member.

at Collier County, Florida on this $\frac{1}{1}$ day of $\frac{1}{1}$ day of $\frac{1}{1}$, 2005. In	101
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	e
true.	
Paul Boland, Managing Member	
Subscribed, sworn to, and acknowledged before me by PAUL BOLAND , who has produced a driver's license or identification card issued by a state or territory of the United States as identification, this	5.
Lohn Muddaugh (Seal) Notary Public for Florida	.)
My Commission Expires: 4-6-07	