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| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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05 JUN 15 AM 11: 42 SECRETARY OF STATE

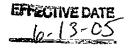
TRANSMITTAL LETTER

| Division of Corporations | |
|--|--|
| SUBJECT: NATHANIEL BOWDITCH SAILING L.L.C. (Name of Limited Liability Company) | |
| (Hame of Emilion Stating Company) | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| REX D. WALLEY (Name of Person) | |
| (Name of reison) | |
| NATHANIEZ BOWDITCH SAILING ADVENTUR | les |
| (Firm/Company) | |
| 613 LEGION DRIVE (Address) | - |
| (Address) | ≥ |
| DESTIN FL 32541 (City/State and Zip Code) | FILED 05 JUN 15 AN II: 42 SECRETARY OF STATE TALLAHASSEE, FLORID |
| For further information concerning this matter, please call: | |
| For further information concerning this matter, please can. | 登 点 5 |
| REX WALLEY at (850) 650 8787 (Name of Person) (Area Code & Daytime Telephone Number) | 7 |
| (Name of Person) (Area Code & Daytime Telephone Number) |) |
| Enclosed is a check for the following amount: | |
| S125.00 Filing Fee Status S155.00 Filing Fee Status S155.00 Filing Fee Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 I Certificate of Certified Copy (additional copy is enclosed) | of Status & opy |
| CURRET ADDRECS. MAILING ADDRESS. | |

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:

BOWDITCH SAILING L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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

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

613 LEGION DR.

Florida street address (P.O. Box NOT acceptable)

PESTIN FL 32541

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.,

(CONTINUED)

Page 1 of 2

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: |
|---|---|
| - - | REX D. WALLEY 613 LEGION DR DESTIN FL 32541 |
| | KRISTEEN K. WALLEY 613 LEGION DR. DESTIN FL 32541 |
| | |
| | |
| (Use attachment if necessary) | |
| | added if an effective date is requested. The $6 - 13 - 2005$. |

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.)

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)

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