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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

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(City/State/Zip/Phone #)

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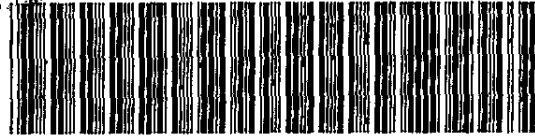
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JEFFREY W. BESWICK

E-MAIL jwb@varnumlaw.com  
TALLAHASSEE, FLORIDA

July 14, 2005

**VIA OVERNIGHT MAIL**

Florida Department of State  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**Re: Filing of Articles of Organization for Calusa Kayaking Adventures, LLC**

Dear Sir or Madam:

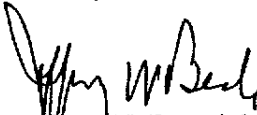
Enclosed please find for filing Articles of Organization for Calusa Kayaking Adventures, LLC. I have also included a check in the amount of \$160.00 to cover the \$100.00 filing fee, \$25.00 Designation of Registered Agent, \$30.00 fee to obtain a certified copy of the Articles of Organization and \$5.00 to obtain a Certificate of Status for the new LLC.

Please return the certified copy of the Articles of Organization as well as the Certificate of Status to me at the address listed above. A self-addressed stamped envelop is enclosed for your convenience in returning a copy of this document to me.

If you have any questions regarding the enclosed, please feel free to contact me at your convenience. I appreciate your assistance in this matter.

Very truly yours,

**VARNUM, RIDDERING, SCHMIDT & HOWLETT LLP**

  
Jeffrey W. Beswick

JWB:df  
Enclosure

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**ARTICLES OF ORGANIZATION FOR**  
**CALUSA KAYAKING ADVENTURES, LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

**Article I: Name**

The name of the Limited Liability Company is **Calusa Kayaking Adventures, LLC**.

**Article II: Address**

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

**Principal Office Address**

24623 Ivory Cane Drive  
Suite 202  
Bonita Springs, FL 34134

**Mailing Address**

24623 Ivory Cane Drive  
Suite 202  
Bonita Springs, FL 34134

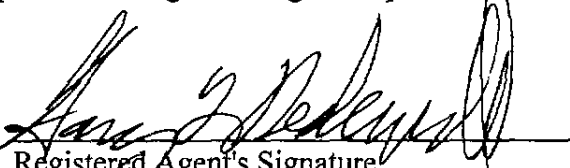
**Article III: Registered Agent, Registered Office & Registered Agent's Signature**

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

Name of Registered Agent: Gary L. Nederveld

Florida street address: 24623 Ivory Cane Drive  
Suite 202  
Bonita Springs, FL 34134

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

(continued)

**Article IV: Manager(s) or Managing Member(s)**

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The name and address of each Manager or Managing Member is as follows:

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Title

Name and Address:

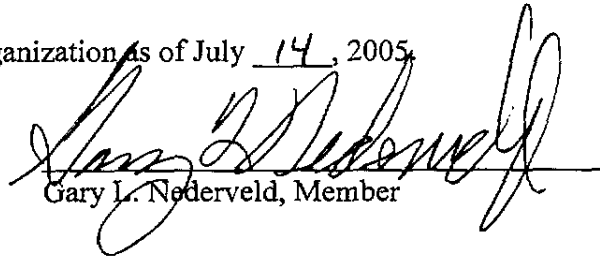
Manager

Gary L. Nederveld  
24623 Ivory Cane Drive  
Suite 202  
Bonita Springs, FL 34134

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Required Signature**

The undersigned has signed these Articles of Organization as of July 14, 2005.

  
Gary L. Nederveld, 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.)

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)