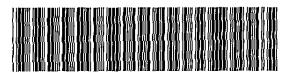
L05000072184

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



700057592987

07/22/05--01001--007 **250.00

05 JUL 22 AM 10: 50
SECURE 141 YOF STATE

OS JUL 22 AM 9: 49

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

To R	Do la lesa		SULL PLE MID: 50
•	Dredging Sec.	-, w ny.	
			CORDINATE SO
	and the second s	<u>.</u>	Art of Inc. File
			LTD Partnership File
•			Foreign Corp. File
			L.C. File
		_	Fictitious Name File
		\ _	Trade/Service Mark
		} _	Merger File
		_	Art. of Amend. File
] _	RA Resignation
		_	Dissolution / Withdrawal
		_	Annual Report / Reinstatement
			Cert. Copy
		\	Photo Copy
		\	Certificate of Good Standing
		} _	Certificate of Status
		1 -	Certificate of Fictitious Name
] _	Corp Record Search
		_	Officer Search
	_	_	Fictitious Search
Signature			Fictitious Owner Search
J		į <u> </u>	Vehicle Search
	— <u> </u>		Driving Record
Requested by:	" -lool "O.o.	\	UCC 1 or 3 File
Name		-	UCC 11 Search
		_	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	•
ARTICLE I - Name: The name of the Limited Liability Company is:	
TAMPA Bay Dred ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Malling Address:
205 5 Hover Blud # 400 TAMPA, FL 33609	SAME
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
205 S. Hoov	•
JAmps City, State, a	ress (P.O. Box <u>NOT</u> acceptable) FL 3360 9 nd Zip
Having heen named as registered agent and to I	scorns service of process for the above stated limited

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

(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 Name and Address: "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member or an authorized pepresentative of a member. (In accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of penjury that the facts stated herein are true.) Typed or publied 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)