

LD5 000080126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

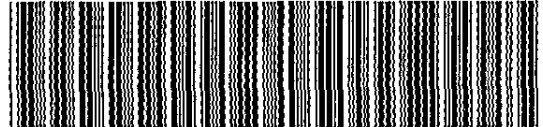
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 11 PM 3:02

N. Cullinan AUG 15 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVENTURE MARINE LLC
(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:

LINDA SNOEK
(Name of Person)

ADVENTURE MARINE
(Firm/Company)

PO BOX 336

(Address)

HASTINGS FL 32145
(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA SNOEK

(Name of Person)

at (904) 692 4070

(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:

ADVENTURE MARINE LLC

ARTICLE II - Address:

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

Principal Office Address:

301 N. MAIN STREET
HASTINGS
FL 32145

Mailing Address:

PO BOX 336
HASTINGS
FL 32145

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

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

LINDA SNOEK

Name

301 N. MAIN STREET

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

HASTINGS FL 32145

City, State, and Zip

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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.

Linda Snoek

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:

MGRM

ALLAN SNOEK
630 E. BIANCA CIRCLE
ST AUGUSTINE FL 32086

MGRM

GAVIN SNOEK
13700 SUTTON PARK DR N.
APT 826, JACKSONVILLE
FL 32224

MGRM

LINDA SNOEK
630 E. BIANCA CIRCLE
ST AUGUSTINE FL 32086

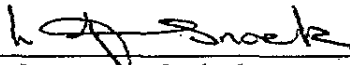
MGRM

RYAN SNOEK
2609 SPRING CREEK LANE
ATLANTA GA 30350

(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 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.)

LINDA J. SNOEK

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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