## L06000043901

| (Red                      | questor's Name)           |  |
|---------------------------|---------------------------|--|
| (Add                      | dress)                    |  |
| (Add                      | dress)                    | we have a second |
| (City                     | y/State/Zip/Phone         | 9 <del>#</del> )   |
| PICK-UP                   | ☐ WAIT                    | MAIL   |
| (Bus                      | sin <b>ess</b> Entity Nan | ne)  |
| (Doc                      | cument Number)            |  |
| Certified Copies          | Certificates              | of Status  |
| Special Instructions to I | Filing Officer:           |  |
|                           |                           |  |
|                           |                           |  |
|                           |                           |  |

Office Use Only



400069898304

04/27/06--01032--022 \*\*125.00 \*\*

SECRETARY OF STATE TALLAHASSEE, FLOATE OF APR 27 PM 2: 0

06 APR 27 PH 1:56

DIVISION OF CORPORATION

|          | ACCESS, INC.  236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) | 50) 222-     | 1666   |
|----------|---|--------------|--|
|          | WALK IN   |              | <del></del>                                  |
|          | PICK UP: 427/06-Klinda  |              | ٦  |
|          | CERTIFIED COPY  | ·            | <u>.                                    </u> |
|          | РНОТОСОРУ   |              |  |
|          | ] CUS   |              |  |
|          | FILING LLC  | -            | pro⊈e< us                                    |
| l.<br>2. | SCA Level Charters LLC (CORPORATE NAME AND DOCUMENT #)  | 06 APR       | SECRE  |
| ).       | (CORPORATE NAME AND DOCUMENT #)  (CORPORATE NAME AND DOCUMENT #)  | ₹27 PM 2: 05 | TARY OF STATE                                |
| •        | (CORPORATE NAME AND DOCUMENT #)   |              | <b>&gt;</b>                                  |
| •        | (CORPORATE NAME AND DOCUMENT #)   |              |  |
| i.       | (CORPORATE NAME AND DOCUMENT #)   | <u> </u>     |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I -                                     | · Name:<br>he Limited Liability Cor   | many ic  |   |                          |
|---|---|--|---|--------------------------|
| i ne name or u                                  | the Limited Liability Col   | npany is.  |   |                          |
| Sea Level C                                     | harters, LLC  |  |   |                          |
| (Must end with the                              | words "Limited Liability Comp   | any, "Limited Company" or their abbreviation "LLC," or "I  | C.,")   | ,                        |
| ARTICLE II The mailing a                        |   | s of the principal office of the Limited Liabili   | ty Company                                    | y is:                    |
| Principal Off                                   | ice Address;  | Mailing Address:   |   |                          |
| 15720 Old Wed                                   | lgewood Court   | 15720 Old Wedgewood Court  |   |                          |
| Ft. Myers, FL 3                                 | 33908   | Ft. Myers, FL 33908  |   |                          |
| (The Limited Liabi<br>business entity wi        | ility Company cannot serve as its its an active Florida registration. the Florida street addres  John Sanders | ss of the registered agent are:  | another 06 APR 27                             | SECRE IARY<br>TALLAHASSE |
|   | 15720 Old Wedg  | To a series of the series of t | 2   | 파무                       |
|   |   | a street address (P.O. Box <u>NOT</u> acceptable)  | 2: 05   | SE                       |
|   | Ft. Myers   | FL 33908<br>ity, State, and Zip  |   | D,                       |
| liability co<br>registered age<br>statutes rela | empany at the place design ent and agree to act in thing to the proper and control obligations of my position | nt and to accept service of process for the above nated in this certificate, I hereby accept the applies capacity. I further agree to comply with the pumplete performance of my duties, and I am familian as registered agent as provided for in Chaptant's Signature (REQUIRED)  | pointment a<br>provisions of<br>piliar with a | s<br>of all<br>and       |

(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:

| "MGR" = Manager<br>"MGRM" = Managing Member  | Name and Address:  |
|--|--|
| MGRM   | John Sanders<br>15720 Old Wedgewood Court<br>Ft. Myers, FL. 33908  |
|  | rt. Myers, rt. 33900   |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| (Use attachment if necessary)  |  |
|  |  |
| ICLE V: Effective date, if other than the  | e date of filing: (OPTIONAL)   |
| effective date is listed, the date must b  | e date of filing: (OPTIONAL) se specific and cannot be more than five business days p  |
| effective date is listed, the date must b  | e date of filing: (OPTIONAL)  se specific and cannot be more than five business days p   |
| effective date is listed, the date must be 90 days after the date of filing.)  REQUIRED SIGNATURE:   | e date of filing: (OPTIONAL)  se specific and cannot be more than five business days p  classific and cannot be more than five business days p  classific and cannot be more than five business days p |
| effective date is listed, the date must be 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with se | er or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury  |

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)