(Red	questor's Name)	
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LAW OFFICES

PETER W. METTLER

140 ROYAL PALM WAY • SUITE 202
PALM BEACH, FLORIDA 33480-4204
TELEPHONE (561) 832-7600
FAX: (561) 833-0805

May 31, 2006

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Siren Sportfishing Safaris, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Organization for a Florida Limited Liability Company for Siren Sportfishing Safaris, LLC, along with my Firm's check in the amount of \$160.00.

Please advise if you require additional information or documentation.

Pe IN

Peter W. Mettler

PWM/tr Enclosures

## **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT: Siren S	Sportfishing Safaris	, LLC	
	(Name of Limited	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Mark E. T	upper		
		Name of Person)	
	(	Firm/Company)	
3301 Sou	ıth Andrews Ave	nue, #4	
		(Address)	
Fort Lauc	derdale, FL 333	16	
	(City)	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Mark E. Tuppei	r	at ( 954 ) 383-676	67
(Name	of Person)	at ( 954 ) 383-676 (Area Code & Daytime To	elephone Number)
Enclosed is a check fo	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company	is:		
Siren Sportfishing Safaris, LLC (Must end with the words "Limited Liability Company, "Lin	mited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Cor	npany	is:
Principal Office Address:	Mailing Address:		
3301 South Andrews Avenue, #4 Fort Lauderdale, FL 33316	3301 South Andrews Avenue, #4 Fort Lauderdale, FL 33316	•	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the	egistered Agent. You must designate an individual or anoth	2- NNC 90	SECRETAID ANY BASSE
Peter W. Mettler Name		¥	) 190 K
140 Royal Palm Way, Suite 202  Florida street address (P.O. Box NOT acceptable)			RATIONS
Palm Beach	FL 33480		
City, Stat	te, and Zip		
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	performance of my duties, and I am familiar to performance of my duties, and I am familiar to perform the performance of my duties, and I am familiar to perform the performance of my duties, and I am familiar to perform the performance of my duties, and I am familiar to perform the performance of my duties, and I am familiar to perform the performance of my duties, and I am familiar to perform the performance of my duties, and I am familiar to perform the performance of my duties, and I am familiar to perform the performance of my duties, and I am familiar to perform the performance of my duties, and I am familiar to perform the performance of my duties, and I am familiar to perform the performance of the p	nent as ions o with a	s f all nd

(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:

WILTE Ma	nager	Name and Address:	
"MGR" = Ma "MGRM" = N	Managing Member		
MGRM		Mark E. Tupper	
		3301 South Andrews Avenue, #4	<del></del>
		Fort Lauderdale, FL 33316	<del></del>
			<del></del>
	<del></del>		
			<del></del>
(Use attachme	ent if necessary)		
CLE V: Effecti effective date is 0 days after the	ent if necessary)  ive date, if other than the listed, the date must be date of filing.)  SIGNATURE:	e date of filing: (OPT oe specific and cannot be more than five business	ΓΙΟΝΑL) ess days p
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CLE V: Effecti effective date is 0 days after the	ive date, if other than the slisted, the date must be date of filing.)  SIGNATURE:  Signature of a memb	er or an authorized representative of a member.	ess days p
CLE V: Effecti effective date is 0 days after the	sized, the date must be date of filing.)  SIGNATURE:  Signature of a memb  (In accordance with se of this document consthat the facts stated Mark E. Tupper	er or an authorized representative of a member.	FIONAL)  css days p  06 JUH -5

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