07/06/2006 THU 13:55 FAX 239 344 1200 Henderson Franklin et al

Division of Corporations

Florida Department of State

Division of Corporations

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From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.

Account Number : 075410002172 Phone : (239)344-1100 Fax Number : (239)344-1200

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☆FÉORIDA/FOREIGN LIMITED LIABILITY CO.

FULFILLMENT SOLUTIONS OF FLORIDA, LLC

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ARTICLES OF ORGANIZATION

OF

FULFILLMENT SOLUTIONS OF FLORIDA, LLC

ARTICLÉ I NAME

The name of the limited liability company shall be Fulfillment Solutions of Florida, LLC (the "Company").

ARTICLE II MAILING ADDRESS AND STREET ADDRESS

The mailing address and street address of the principal office of the Company

1217 Cape Coral Parkway, East Suite 345 Cape Coral, FL 33904

ARTICLE III INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company are:

Barry Shepherd 1217 Cape Coral Parkway, East Suite 345 Cape Coral, FL 33904

ARTICLE IV PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the state of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE V DURATION

The Company shall exist from the date of filing these Articles of Organization with the Department of State and shall be dissolved upon the occurrence of any event of dissolution as described in the Operating Agreement of the Company.

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ARTICLE VI MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following is the name and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

Name

Address

Barry Shepherd

1217 Cape Coral Parkway, East, Suite 345 Cape Coral, Florida 33904

ARTICLE VII OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

IN WITNESS WHEREOF, the undersigned, being the sole Member of the Company, has executed these Articles of Organization, this / day of / 2006.

BLUEWATER MOORINGS, LLC, Member

Bv:

Barry Shephard, President

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is: Fulfillment Solutions of Florida, LLC
 - 2. The name and address of the registered agent and office are:

Barry Shepherd 1217 Cape Coral Parkway, East Suite 345 Cape Coral, FL 33904 2006 JUL -6 SECRETARY

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 am familiar with and accept the obligations of my position as registered agent.

Barry Shepherd, Registered Agent

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