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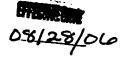
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

mel

## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations				
SUBJECT: National Hydraulic Dredge LLC					
(Name of Limited Liability Company)					
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all corresp	ondence concerning this matte	r to the following:			
Samuel V					
	(1	Name of Person)			
National I	Hydraulic Dredge	LLC			
	(	Firm/Company)			
2971 Estancia Blvd Suite 419					
		(Address)			
Clearwater, Fl. 33761					
(City/State and Zip Code)					
For further information	concerning this matter, please	call:			
1					
SAM ART	ins	at ( 727 ) 688 026 (Area Code & Daytime To	89		
(Name	of Person)	(Area Code & Daytime 1	elephone Number)		
Enclosed is a check for	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		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
National Hydraulic Dredge LLC	
Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
• • •	, ,
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Duinainal Office Address.	Mailing Address:
Principal Office Address:	Waning Address.
2971 Estancia Blvd Suite 419	2971 Estancia Blvd Suite 419
Clearwater, Fl. 33761	Clearwater, Fl 33761
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	sted Agent. Fou must designate an individual of another
The name and the Florida street address of the re	egistered agent are:
Sam Artino	
Name	
2071 Fatancia Plud 410	
2971 Estancia Blvd 419	ress (P.O. Box NOT acceptable)
riorida street add	
Clearwater,	FL 33761
City, State, a	nd Zip
Having been named as registered agent and to a	accept service of process for the above stated limited
	his certificate, I hereby accept the appointment as
	o. I further agree to comply with the provisions of all
statutes relating to the proper and complete pe	rformance of my duties, and I am familiar with and
	vered agent as provided for in Chapter 608, F.S
	ALEG 6
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Registered Agent's Signati	ure (REQUIRED)
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(CONTIN	OF STATE E. FLORIDA
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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Mgr Sam Artino 2971 Estancia Blvd 419 Clearwater, Fl. 33761 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 8-28-2006 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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

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)

Sam Artino

that the facts stated herein are true.)