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Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : FILLINGS, INC.  
Account Number : 072720000101  
Phone : (850) 385-6735  
Fax Number : (954) 641-1192

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

OFFSHORE NATION, LLC

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**ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I -- Name: OFFSHORE NATION, LLC**

The name of the Limited Liability Company is:

**ARTICLE II -- Address:**

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

Mailing Address:

Principal Address:

1111 Brickell Bay Drive, Apt. 1912  
Miami, Florida 33131

1111 Brickell Bay Drive, Apt. 1912  
Miami, Florida 33131

**ARTICLE III -- Registered Agent, Registered Office**

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

Alan C. Gold, P.A.  
1501 Sunset Drive  
Second Floor  
Coral Gables, FL 33143

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**Article IV -- Management:  
(If applicable)**

The Limited Liability Company is to be managed by a manager or managers and is, therefore, a manager-managed company. The initial Manager shall be FRANK SONNY JORGE, MGRM.

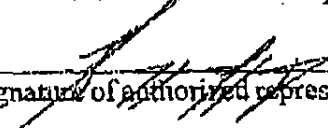
ALAN C. GOLD, P.A.  
1501 Sunset Drive  
Second Floor  
Coral Gables, FL 33143  
305-667-0475, ext 1

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IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 24th day of January 2007. [This is the Author's recommended addition to the Department of State Guideline.]

  
Signature of authorized representative

(In accordance with section 608.408(3), Florida Statutes, the execution of this change constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FRANK SONNY JORGE

Typed or printed name of ~~signee~~,  
authorized representative

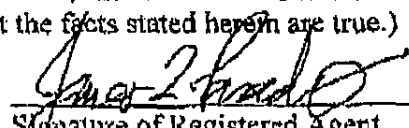
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### STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
Signature of Registered Agent  
James L. Parado, Esquire for  
Alan C. Gold, P.A.

Filing Fee: \$125.00

ALAN C. GOLD, P.A.  
1501 Sunset Drive  
Second Floor  
Coral Gables, FL 33143  
305 667-0473, ext 1

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