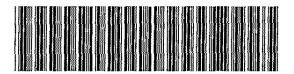
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| Certified Copies | Certificates | of Status | | |
| Special Instructions to I | Filing Officer: | | | |
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| | Office Use Only | | | |

EFFECTIVE DATE 3/07



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COVER LETTER

Registration Section

TO:

| Division of Cor | porations | | | |
|----------------------------|---|--|--|-------------|
| SUBJECT: SWF BO | oats, LLC | | | |
| Sebulci. | (Name of Limite | d Liability Company) | · | |
| The enclosed Articles of | Organization and fee(s) are s | ubmitted for filing. | | |
| Please return all correspo | ondence concerning this matte | er to the following: | | |
| C. G. Becky | | | | |
| | (| Name of Person) | | |
| Southwest I | Florida Plus, LLC | ** | | <u></u> |
| | (| (Firm/Company) | .,, | |
| 28000 Spa | nish Wells Blvd., E | 3ox 102 | yyara kaman Erika ka asa asa | ems W |
| | | (Address) | | · · |
| Bonita Spr | ings, FL 34135 | | rna. | |
| | (City | /State and Zip Code) | NI C | 07 |
| For further information of | concerning this matter, please | call: | AHASSI | AR 6 |
| C. G. Beckwith, J | | at (239) 947-417 | 5 TO TO THE PROPERTY OF THE PR | E S C |
| (Name | of Person) | (Area Code & Daytime To | elephone Number) 그 (1 본 구 | 5 3 |
| Enclosed is a check for | r the following amount: | | <u> </u> | > |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fe Certificate of Status & Certified Copy (additional copy is enclosed) | & |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 | Street/Courier Addres Registration Section Division of Corporatio Clifton Building | | |

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company i | s: |
|--|--|
| SWF Boats, LLC | |
| (Must end with the words "Limited Liability Company, "Lin | nited 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 Company is: |
| Principal Office Address: | Mailing Address: |
| 28000 Spanish Wells Blvd., Box 102 | 28000 Spanish Wells Blvd., Box 102 |
| Bonita Springs, FL 34135 | Bonita Springs, FL 34135 |
| | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the Southwest Florida Plus, LL Name | gistered Agent. You must designate an individual or another control of the registered agent are: |
| 28000 Spanish Wells Bly | d., Box 102 |
| Florida street a | address (P.O. Box NOT acceptable) |
| Bonita Springs, FL 34135 City, State | FL., and Zip |
| liability company at the place designated it registered agent and agree to act in this capac statutes relating to the proper and complete | to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S |

ARTICLE I - Name:

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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 | | |
| MGRM | Southwest Florida Plus, LLC | |
| | 28000 Spanish Wells Blvd., Box 102 | |
| | Bonita Springs, FL 34135 | |
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| (Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.) | e date of filing: March 1, 2007 . (OPTI be specific and cannot be more than five busines | IONAL). is days prior |
| (In accordance with so of this document consthat the facts stated C. G. Beckwith, Jr. | | 07 MAR -6 PH 12 |
| Т | yped 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)