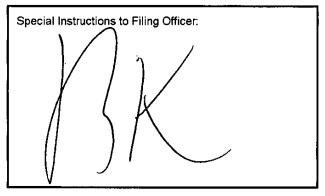
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	EFF
	et t
(Document Number)	_
,	
Certified Copies Certificates of Status	



Office Use Only



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EFFECTIVE DATE 6 2/07
ACCOUNT NO.: 072100000032
REFERENCE: 965324 8941A
AUTHORIZATION:
COST LIMIT: \$ 125
ORDER DATE: June 25, 2007
ORDER TIME : 1:15 PM
ORDER NO. : 965324-005
CUSTOMER NO: 8941A
DOMESTIC FILING NAME: JUPITER BOATES BAHAMAS, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Harry B. Davis - EXT. 2926
EXAMINER'S INITIALS:

EFFECTIVE DATE 6/21/07

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is	THE SEE OF
JUPITER BOATES BAHAMAS, LLC (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Limited Liability Company," Liability Company, "Liability Company," Liabilit	ted Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1313 S. ANDREWS AVENUE FORT LAUDERDALE, FL 33316	SAME
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another
BRUCE D. GREEN	
Name	
1313 S. ANDREWS AVEN	IUE
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
FORT LAUDERDALE City, State,	FL 33316 and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
/s/ Bruce D.	
Registered Agent's Signa	ture (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	TIM ALLEN
	1313 S. ANDREWS AVENUE
	FORT LAUDERDALE, FL 33316
	-
(Use attachment if necessary)	
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.)	date of filing: 6/21/07 . (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
/s/ Tim Alle	en

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)

Tim Allen

that the facts stated herein are true.)