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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Salt Life Outfitters LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
Salt Life Outfitters LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Salt Life Outfitters LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
2757 NE 30th St., Lighthouse Point, Florida 33064.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Andrew Blinco, 2757 NE 30th St.,
Lighthouse Point, Florida 33064. Located in the County of Broward.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and
address of the member of the Limited Liability Company is:

Andrew Blinco, 2757 NE 30th St., Lighthouse Point, Florida 33064



Date: July 9, 2007

Business Filings Incorporated, Organizer

Terese Coulthard, Asst. Sec.

Authorized Representative

Prepared by Terese Coulthard, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

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* FAX AUDIT # H07000183261 3CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Salt Life Outfitters LLC**

The name and address of the registered agent and office is Andrew Blinco, 2757 NE 30th St.,
Lighthouse Point, Florida 33064. Located in the County of Broward.

Having been named as registered agent and to accept service of process for the above stated
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 I am familiar with and accept the
obligations of my position as registered agent.

Signature: AL BL

Andrew Blinco

Date: 7-14-SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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