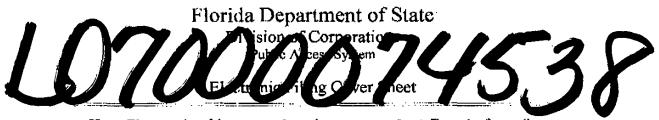
FAX NO. :3052201440

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(((H07000183489 3)))



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; (850)205-0383 Fax Number

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number: I20000000019

Phone

: (305)552-5973

Fax Number

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ORIDA/FOREIGN LIMITED LIABILITY CO.

ACROSS SEAS INTERNATIONAL LLC

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FAX NO. :3052201440

Jul. 18 2007 09:11AM P2

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ARTICLES OF ORGANIZATION FOR FL ARTICLE I - Name: The name of the Limited Liability Company is:		
Across Seas T (Must and with the words "Limited Liabili	international LL	<u>c</u>
ARTICLE II - Address: The mailing address and street address of the pro-	incipal office of the Limited Liab	pility Company is:
Principal Office Address:	Mailing Address:	. 1925
Pembroke Pines, FL 33024	BIHINW ILCT.	300 at Walker 2300
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the reference in the server is the server in the server in the server in the server is the server in the s	ered Agent. You must designate an Individu	CRETARY AHASSE
Name 8 141 NW 11 C	ress (P.O. Box NOT acceptable)	AM 10: 20 OF STATE
<u> </u>		
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	his certificate. I hereby accept the i. I further agree to comply with ti rformance of my duties, and I am j	appointment as he provision, of all familiar with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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	<u>Title;</u> "MGR" = Manager "MGRM" = Manag		Name and Address:	
	MGRM	-	Ethel A. Elzo	-
	MGRM	· · · · · · · · · · · · · · · · · · ·	Michael A. Elzo 9141 NW 11CT Pembroke Pines, FZ 3302	• •
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i de	Land Com			_ · · · ·
	Use attachment if	necessary)		-
f an efi			e of filing:, (OPTIC ecific and cannot be more than five business	
	TROTUNED SIGN	IATURE:	TAL	07
<u>1</u>	<u>REQUIRED</u> SIGN	-53	CRETA AHAS	
<u>1</u>	SI	guature of a member or	an authorized representative of a chember [77] -<	<u> </u>
<u>1</u>	Si	guature of a member or	an authorized representative of a member of 4 608.408(3), Florida Statutes, the execution 77 3 3	

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)