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SECRETARY OF STATE
ALLAHASSEE, FLORIE,

COVER LETTER

TO:	Registration S Division of Co			i.	, -	·	
	Δοπορ	n Blue Holdings, I	J.C		*		
SUBJ	ECT: Acgoa		ted Liability Compa	any)			
				•			
The en	nclosed Articles of	Organization and fee(s) are	submitted for filing	3 .			
Please	return all corresp	ondence concerning this mat	ter to the following	; :			
	Mark P. Tu	ırcotte					
			(Name of Person)				
			(Firm/Company)				
	884 Aquar	ina Blvd			TAL	SE ZO	
			(Address)		LAH	1 AUG	
	Melbourne	Beach, FL 3295	1		ASS	HAAT.	****
		(Cit	y/State and Zip Code	:)) D	m
For fur	ther information of	concerning this matter, please	e call:		LORI		O
Mari	k P. Turcot	te	321 .	, 952-21 ⁻	⊃^ 14	37	
		of Person)	at (e & Daytime Te		er)	
		r the following amount:	\$155.00 Filin	g Fee & [☑ \$160.00 F	iling Fe	e.
		Certificate of Status	Certified Cop (additional copy	ру	Certificat Certified (additional	te of Statu Copy	ıs &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division Clifton B 2661 Exe	ourier Address on Section of Corporation uilding occutive Center	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Aegean Blue Holdings, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
884 Aquarina Blvd	884 Aquarina Blvd
Melbourne Beach, FL 32951	Melbourne Beach, FL 32951
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the reweighted business. William E. Long Name	AHAX
1730 Staysail Dr.	
	ress (P.O. Box <u>NOT</u> acceptable)
Valrico, FL 33594	FL
City, State, a	nd Zip
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	ccept service of process for the above stated limited ais certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(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:

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
, MGR	William E. Long	
	1730 Staysail Dr.	··· · · · · · · · · · · · · · · · · ·
	Valrico, FL 33594	
MGRM	Mark P. Turcotte	≓
	884 Aquarina Blvd	EM B
	Melbourne Beach, FL 32951	>2 > T
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•		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than If an effective date is listed, the date must or 90 days after the date of filing.)		
REQUIRED SIGNATURE:		
Signature of a men	mber or an authorized representative o	f a member.
of this document co	h section 608.408(3), Florida Statutes, the constitutes an affirmation under the penalticed herein are true.	

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)

William E. Long Typed or printed name of signee