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SEGRETARY OF STATE SEGRETARY OF CORPORATIONS OF CORPORATIONS

COVER LETTER

TO:	Registration Section Division of Corpora					
SUBJE	RAS	Boat, LLC	-3 · · · · · · · · · · · · · · · · · · ·	*	•	
SUBJE	U1;		Liability Company)			
The end	losed Articles of Orga	unization and fee(s) are su	bmitted for filing.			
Please r	eturn all corresponder	nce concerning this matter	to the following:			
_	М	ARK A. SPUI	RG-EON			
		(N	ame of Person)			
_						
		(F	'irm/Company)			
-	P.	0.Box 686	, 430 w. 4 (Address)	th STRI	EET	
	E	BOCA GRAND	E / FLORIDA	339	21	
•		(City/S	State and Zip Code)			DIVISE 07
For fur	her information conce	erning this matter, please o	all:			DIVISION OF 27 AM 8: 20
MA	Name of Pe	GEON	at (<u>941</u>) <u>964</u> (Area Code & Daytin	1-0338	7	T AM 8: 20
	(Name of Pe	rson)	(Area Code & Daytin	ne Telephone Nu	imber)	9. A
Enclos	ed is a check for the	following amount:				20
\$125 .		130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi ed) Certifi	O Filing Fee icate of Statu ied Copy onal copy is end	ıs &
	Ro D P.	ailing Address egistration Section vision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Ad Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	n rations enter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	DIVISION
RAS BOAT, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	OF CONTONIES
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compa	any is:
Principal Office Address: Mailing Address:	
H30 W. 4th Street BOCA GRANDE, FL BOCA GRANDE, FL 33921 33921	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	FECTIVE DAT
MARK A. SPURGEON D	8/24/07
430 WEST 4th STREET Florida street address (P.O. Box NOT acceptable)	
Florida street address (P.O. Box NOT acceptable)	
Boca GLANDEFL 33921 City, State, and Zip	
City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.	t as s of all h and
Registered Agent's Signature (REQUIRED)	

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	MARK A. SPURGEON P.D. BOX 686 BOLA GRANDE FL 33921
MGNM	RUTHAMN SPURGEON P.O.BOK 132 BOLA GRANDE FL 33921
MGRM	RALPH DILENA, JR P.O.BOX 686 BOCAGRANDE FL 33921

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: AUGUST 24, 2007(OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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 that the facts stated herein are true.)

MARK a. SPURGEON

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)