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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

lagoon charters, llc

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Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
LAGOON CHARTERS, LLC**

**Article I. Name.**

The name of the limited liability company is:

**LAGOON CHARTERS, LLC**

**Article II. Address.**

The mailing address and the street address of the principal office of the limited liability company is:

**505 N.W. 39<sup>th</sup> Circle  
Boca Raton, Florida 33431**

**Article III. Registered Agent, Registered Office & Registered Agent's Signature.**

The name and the Florida street address of the registered agent are:

**M & W AGENTS, INC.  
2101 Corporate Boulevard, Suite 107  
Boca Raton, Florida 33431**

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**Robert A. Chaves, Esq.  
Teschler Gutter Chaves Josepher Rubin Ruffin & Forman, PA  
2101 Corporate Blvd., Suite 107  
Boca Raton, Florida 33431  
(561) 998-7847  
Fla. Bar No. 283525**

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The undersigned, being an authorized representative of the Company, hereby certifies that the foregoing constitutes the Articles of Organization of Lagoon Charters, LLC.

Executed by the undersigned on November 15, 2007.

  
Robert A. Chaves, Authorized Representative

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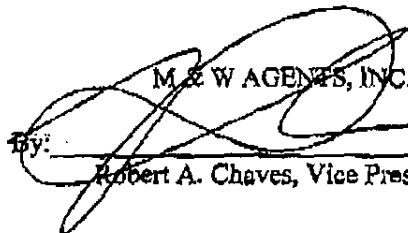
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**ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT**

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in that 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 as provided under Chapter 608, F.S.

  
M. & W. AGENTS, INC.  
By: \_\_\_\_\_  
Robert A. Chaves, Vice President

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