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SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:

Registration Section

Division of C	orporations		
SUBJECT: B	Name of Lim	Green Seas Fited Liability Company)	deventures
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
<u>Cha</u>	rles A. 14	lughes	
		(Name of Person)	
			ZIOT SE
		(Firm/Company)	AR R
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	9	(Address)	FO T
	colo FL	32508	A II: FLOR
	(C	ity/State and Zip Code)	52 10A
For further information	concerning this matter, pleas	se call:	
Charles (Name	A, Hughes	at (850) 293 (Area Code & Daytime Tele	0894 ephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Blue Skies Green Seas Adventures LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	<u>.</u>	<del>_</del>	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited	Liabilit	y Comp	oany is
Principal Office Address: Mailing Address:			
304 Interbay Ave  Ren Sacola Fd 37507  ARTICLE III - Registered Agent, Registered Office, & Registered Agen The Limited Liability Company cannot serve as its own Registered Agent. You must designate an inconsumer business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Charles A, Hughes  Name	t's Sign	nature:	
Bold Interbun Ave  Florida street address (P.O. Box NOT acceptable)  Pensacola FL 32507  City, State, and Zip	Y OF STATE EE, FLORIDA	0 A II: 52	

Having been named as registered agent and 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 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 as provided for in Chapter 608, F.S.

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>ss:</u>	Name and Address:	<u>Title:</u> "MGR" = Manager
			"MGRM" = Managing Member
<u>s</u>	- A Hushes	Charles	MGR
<u></u>			
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TIONAL)	SS TOPTIO	date of filing:	CLE V: Effective date, if other than the da
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			or days and the date of ming.
es	e more thक्रानींve besines	specific and cannot be mo	effective date is listed, the date must be s 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.)

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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)