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SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE

JUN - 5 2008

EXAMINER

COVER LETTER

TO: **Registration Section Division of Corporations** INTERNATIONAL (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: IDAM NICOLL (Name of Person) (Firm/Company) CROSSING -UNIT LOG For further information concerning this matter, please call: at (941) 345 - 6101 = (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$160.00 Filing Fee, Certificate of Status &

Mailing Address

\$125.00 Filing Fee \$\square\$130.00 Filing Fee &

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street/Courier Address

」\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copyrin

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KRACEN RIVER INTERNATIONAL HOLDINGS LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "L.C.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company i	s:	
Principal Office Address: Mailing Address:		
202 15t STREET NORTH 14263 CATTLE EGRET PLACE BRAPENTON BEACH FLORIDA 34217 FLORIDA 34202		
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:	4-10-	
The name and the Florida street address of the registered agent are: ALASTAIR NICOLL Nome	- Carre	
Manie htt		
14263 CATTLE EGRET PLACE Florida street address (P.O. Box NOT acceptable)		
Florida street address (P.O. Box NOT acceptable) LAKEWOOD RANCH FL 34202 City, State, and Zip		

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	ADAM NICOLL 14263 CATTLE EGRET PLACE LAKEWOOD RANCH FL 34202	
MGRM	ALASTAIR NICOLL 14263 CATTLE EGRET PLACE LAKEWOOD RANCH FL 34202	
·		
		
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:O6-O1-O8 (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.		
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.)		
Typed or printed name of signee		
Filing Fees:		

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

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

\$125.00 Filing Fee for Articles of Organization and Designation

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