

## Florida Department of State

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

**Authentic Pirate Ship Limited Liability Company** 

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# ARTICLES OF ORGANIZATION

### Authentic Pirate Ship Limited Liability Company

ARTICLE I

NAME

The name of the limited liability company shall be: Authentic Pirate Ship Limited Liability Company

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 5895 NW 10th Lane, Ocala, Florida 34482.

#### **INITIAL REGISTERED AGENT & STREET ADDRESS** ARTICLE III

The name and address of the initial registered agent is: Mathew Tooley, 5895 NW 10th Lane, Ocala, Florida 34482. Located in the County of Marion.

#### **ARTICLE IV** DURATION

The duration for the limited liability company shall be: 12/31/2048.

**ARTICLE V** MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Tracy Tooley, 5895 NW 10th Lane, Ocala, Florida 34482

Date: May 27, 2008

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

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(608) 827-5300

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Authentic Pirate Ship Limited Liability Company

The name and address of the registered agent and office is Mathew Tooley, 5895 NW 10th Lane, Ocala, Florida 34482. Located in the County of Marion.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Date: 6/19/08

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