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O9 AUG -3 PH 1: 53
SEGRETARY OF STATE
SEGRETARY OF STATE

Donald Reid 1641 Southeast 7th Street Deerfield Beach, Florida 33441 954-421-2754 or 954-254-8354 Fax 954-421-1431

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (850)245-6051

July 30, 2009

To Whom It May Concern:

I am submitting the forms to form a Limited Liability Company for SEAREID SURFBOARDS, LLC. Our address is 1641 SE 7 ST, Deerfield Beach, FL 33441 and our phone number is 954-421-2754 or 954-254-8354. I am also enclosing a check for the amount of \$125.00 along with the Articles of Organization.

If you have any questions or need any additional information please contact me. Thank you.

Sincerely,

Donald Reid

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COVER LETTER

TO:	Registration and Division of C				
SUBJE	ECT:	SEAREII	D SURFBOARDS LLC		
		Name of Limit	ted Liability Company		
The en	closed Articles	of Organization and fee(s) are	submitted for filing.		
Please	return all corres	pondence concerning this mat	ter to the following:		
			Donald Reid Name of Person		
			realite of Ferson		
		SEAREID	O SURFBOARDS LLC		
			Firm/Company		
		16	41 SE 7 Street		
	Address				
	Deerfield Beach, FL 33441				
		Cit	ty/State and Zip Code		
		Sear E-mail address: (to be used	reid@comcast.net for future annual report notification)		
For fur	ther information	concerning this matter, please	•		
		nald Reid	_at (954)254-8354		
	Name	of Person	Area Code & Daytime Telephone Number		
Enclos	sed is a check f	or the following amount:			
] \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:	
SEAREID SURFE		
(Must end with the words "Limited Liab	bility Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the part of th	principal office of the Limited Liability Compar	ny is:
Principal Office Address:	Mailing Address:	
1641 SE 7 Street Deerfield Beach, FL 33441	1641 SE 7 Street Deerfield Beach, FL 33441	
business entity with an active Florida registration.) The name and the Florida street address of the Megar Nam	e registered agent are: A Reid Reid 7 Street O. Box NOT acceptable) AUG - 3 PM - 5 Reid AUG - 5 R	
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated ling this certificate, I hereby accept the appointment wity. I further agree to comply with the provisions performance of my duties, and I am familiar with a gistered agent as provided for in Chapter 608, F.S.	as of all and
Registered Agent's Sign	nature (REQUIRED)	

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Manager	Donald Reid
West Tolker (1871)	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the n effective date is listed, the date must be 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days price
REQUIRED SIGNATURE:	PS 0
(In accordance with see	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

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

Donald Reid Typed or printed name of signee