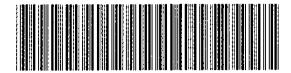
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EXAMINER



#### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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## ARTICLES OF ORGANIZATION FOR



#### SCOTT & SON EVERGLADES EXPEDITIONS, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

#### **ARTICLE I: NAME**

The name of the company is SCOTT &, SON EVERGLADES EXPEDITIONS, LLC

#### ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 15313 Boyette Road, Riverview, FL 33569.

### ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Michael A. Tonelli, 201 East Kennedy Blvd., Suite 1700, Tampa, FL 33602.

#### **ARTICLE IV: MANAGING MEMBERS & MEMBERS**

The name and address of the initial Managing Members and Members of the company are: Lynwood V. Scott, Managing Member, 15313 Boyette Road, Riverview, FL 33569 Kay Scott, Managing Member 15313 Boyette Road, Riverview, FL 33569

The undersigned has executed these Articles of Organization this 27<sup>th</sup> day of October 2009. "Your Capital Connection, Inc. by, Branden Allen, Client Representative"

Authorized Representative

#### CERTIFICATE OF DESIGNATION

#### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation,

organized under the laws of the state of Florida, submits the following statement in designating he registered office/registered agent, in the state of Florida.
1. The name of the corporation is: Scott + Son Everglades Expeditions, LL
2. The name and street address of the registered agent and office is:
Michael A. Towelli
201 East Kennedy Blvd., Ste 1700
Tampa, FIA. 33602
HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION 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.

Mike Could