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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335

Fax Number

Phone : (305)599-0839 : (305)716-0346

\*\*Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please. \*\*

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## FLORIDA/FOREIGN LIMITED LIABILITY CO. THE FLYING MARLIN CHARLESTON, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

D. BRUCE

FEB 8 2010

**EXAMINER** 

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Namet

The name of the Limited Liability Company is:

The Flying Marlin Charleston, LLC

ARTICLE II - Address:

The Mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1078 Blue Hill Creed DR Marco Island, FL 34145 1078 Blue Hill Creek Dr Marco Island, FL 34145

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Peter McFarland 1078 Blue Hill Creek Dr Marco Island, FL 34145 10 FEB -5 AH 8: 42
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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, FRS.

Registered Agent's Signature

(CONTINUED)

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ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Peter McFarland
Typed or printed name of signee

.10 FEB -5 AM 8: 4:
SECRETARY OF STATEM LAHASSEE, FLORE

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