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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

SNORKEL CRAFT, I	LLC		4	
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				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
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				Dissolution / Withdrawal
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ARTICLES OF ORGANIZATION FOR



SNORKEL CRAFT, 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 SNORKEL CRAFT, LLC

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 976 Chickadee Drive, Venice, FL 34285

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is W Grady Huie, 143 East Miami Avenue, Venice, FL 34285

ARTICLE IV: MANAGEMENT

The name and address of the initial Managing Members of the company are:
William R. Wemesfelder, Managing Member, 976 Chickadee Drive, Venice, FL 34285

The undersigned has executed these Articles of Organization this 22nd day of February 2010.

"Your Capital Connection, Inc. by, Seth Neeley, 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 the registered agent/registered office, in the state of Florida.

1. The name of the corporation is:

SNORKEL CRAFT, LLC

2. The name and address of the registered agent and office is:

W 6PADY Huie 143 EAST MIAMI AVENUE Venice, PL 34285

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.