

L10000074372

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

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

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10 JUL 14 AM 9:36
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FLORIDA LIMITED LIABILITY CO.

The Flying Marlin Austin, LLC

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

D. BRUCE
JUL 15 2010
EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Flying Marlin Austin, LLC

ARTICLE II - Address:

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

Principal Office Address:

1078 Blue Hill Creek Dr
Marco Island, FL 34145

Mailing Address:

PO Box 609
Marco Island, FL 34146

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

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)

Page 1 of 2

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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:

Title:

Name and Address:

“MGR” – Manager

“MGRM” – Managing Member

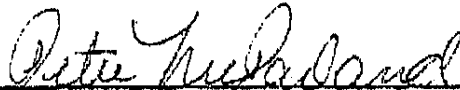
MGR

The Flying Tarpon, Inc.
1078 Blue Hill Creek Dr
Marco Island, FL 34145

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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