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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 24 2011

EXAMINER

COVER LETTER

TO: **Registration Section**
      Division of Corporations

SUBJECT: _CruisePortAtlas.com, LLc._
        Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Morn
Name of Person

CruisePortAtlas.com LLC.
Firm/Company

_1154 SE 6th Ct._
Address

Dania Beach FL 33004
City/State and Zip Code

jmorn@cruiseportatlas.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Morn at (_954_) _249-2105_
Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee   ☒ $130.00 Filing Fee &   ☐ $155.00 Filing Fee &   ☐ $160.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                    (additional copy is enclosed)   Certified Copy
                                                                                  (additional copy is enclosed)

Mailing Address   **Street/Courier Address**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                   Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

CruisePortAtlas.com LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:
1154 SE 6th Ct.	1154 SE 6th Ct.
Dania Beach, FL 33004	Dania Beach, FL 33004

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

John Morn
Name

1154 SE 6th Ct.
Florida street address (P.O. Box **NOT** acceptable)

Dania Beach FL 33004
City, State, and Zip

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

John Morn
1154 SE 6th Ct.
Dania Beach, FL 33004

MGR

Donna Morn
1154 SE 6th Ct.
Dania Beach, FL 33004

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.)

John Morn
_____
Typed or printed name of signee

Filing Fees:

**$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)