L110000/5674

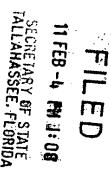
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000192987020

02/04/11--01034--024 **160.00



D. BRUCE

FEB 07 2011

EXAMINER

EFFECTIVE DATE 02/01/2011

COVER LETTER

	ration Section n of Corporations		
SURJECT: N	autilus Archaeologica	al Consulting, LLC	
50202011		ted Liability Company	
The enclosed A	ticles of Organization and fee(s) are	submitted for filing.	
Please return all	correspondence concerning this mat	tter to the following:	
Treve	or A. Draeseke		
		Name of Person	
********		Firm/Company	-
5550	Heron Point Drive S		
	Heron Point Drive, S	Address	
Naple	s, FL 34108		$I_{G_{i}}$
		ty/State and Zip Code	ECR F
tadrae	seke@googlemail.com E-mail address: (to be used	for future annual report notification)	HAN 68 7
For further infor	mation concerning this matter, pleas	•	25 37 U
Douglas G	Draeseke	at (239431 - 6333	
	Name of Person	Area Code & Daytime Telep	phone Numbes 171
Enclosed is a c	heck for the following amount:		
\$125.00 Filing I	Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	Ί	С	I	Æ	I	_	N	Īa	m	e	:
---	---	---	---	---	---	---	---	---	---	----	---	---	---

The name of the Limited Liability Company is:

Nautilus	Archaeol	logical	Consulting,	LLC
	, 11 01 100	.09.04.	our our arrigg	

(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:		
5550 Heron Point Drive	5550 Heron Point Drive		
Suite 901	Suite 901		
Naples, FL 34108	Naples, FL 34108		
ARTICLE III - Registered Agent, Registered Agent, Registered Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Douglas G. Dra	own Registered Agent. You must designate an indivision of the registered agent are:	vidual or ASSEE. F	が 三 刀
	Name	RATE	_
5550 Heron	Point Dr, #901	A: 08	
Florida	a street address (P.O. Box NOT acceptable)		
Naples	_{FL} 34108		
 	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

EFFECTIVE DATE 02/01/201

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 Trevor A. Draeseke 5550 Heron Point Drive, Suite 901 Naples, FL 34108 MGR Douglas G. Draeseke 5550 Heron Point Drive, Suite 901 Naples, FL 34108 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: February 1, 2011 . (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 rive. I am aware that any false information submitted in a document to the Department of the constitutes a third degree felony as provided for in s.817.155, F.S.)

Douglas G. Draeseke

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)