

From: Fallace & Larkin  
Division of Corporations

To: 120000898263

34/05/12 15:21

275 P.00 002

Page 1 of 1

**L12000047166**

Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.**  
**Villa Marine, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
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**EXAMINER**

From: Fallace & Larkin

To: 18506176383

04/05/2012 15:21

#275 P.002/002

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I – NAME

The name of the Limited Liability Company is: **VILLA MARINE, LLC**

### ARTICLE II – ADDRESS

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

#### Principal Office Address:

524 Ocean Avenue  
Melbourne Beach, FL 32951

#### Mailing Address:

524 Ocean Avenue  
Melbourne, FL 32951

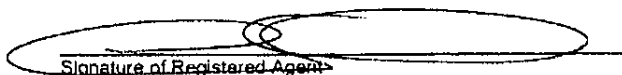
### ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

(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:

David G. Larkin  
1900 S. Hickory Street, Ste. A  
Melbourne, FL 32901

*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.*

  
Signature of Registered Agent

### ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S)

Title:

Name and Address:

"MGR" = Manager  
"MGRM" = Managing Member

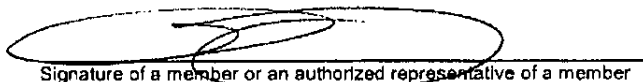
MGRM

Roger Montz  
524 Ocean Avenue  
Melbourne Beach, FL 32951

MGRM

Hunter Collins  
524 Ocean Avenue  
Melbourne Beach, FL 32951

Required Signature:

  
Signature of a member or an authorized representative of a member

(In accordance with § 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 me in § 871.155, Fla. Stat.)

  
Typed or printed name of signee

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