

6/1/12

**L12000073559**

Division of Corporations  
Florida Department of State  
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**To:**

Division of Corporations  
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**From:**

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Phone : (516) 935-3940  
Fax Number : (516) 935-3088

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

Email Address: esaw@argon.org

**FLORIDA LIMITED LIABILITY CO.  
Cyclone Boat LLC**

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Cyclone Boat LLC**

ARTICLE II - Address

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

Principal Office Address:

5501 Adam Drive

N. Fort Myers, FL 33917

Mailing Address:

5501 Adam Drive

N. Fort Myers, FL 33917

12 JUN - 1 - AM 9:30

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Elizabeth Waldron

Name

5501 Adam Drive

(P.O. Box or Mail Drop Box NOT Acceptable)

N. Fort Myers, FL 33917

(City / State / 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.*

*Elizabeth Waldron*  
Registered Agent's Signature - Elizabeth Waldron

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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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Elizabeth Waldron - 5501 Adam Drive, N. Fort Myers, FL 33917

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or 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. )

Elizabeth Waldron

Typed or printed name of signer