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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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JAN 1 5 2013 T. HAMPTON (850) 245-6051.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Last and Blast Charters UC Name of Limited Liability Company
Name of Limited Liaonity Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JoSHUM LEE HAMLIN
Name of Person
East and Blast Charters LLC
Firm/Company
31131 Overbrook St.
Address
Sorrento fl. 32776
Tos 14 (a) GC SALES, LOM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jos Hum HAMLIN at 407, 406-4435
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee U\$130.00 Filing Fee & □\$155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □\$125.00 Filing Fee & S160.00 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 Circle Taliahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Production of the state
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words Limited Liability Company, L.L.C., of 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:
31/31 Dverbroom St. 31/3/ Overbrook St. Servento Fl. 32776 Servento Fl. 32776
Serrento F1. 3276 Sorrento F1. 22776
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:
Christina Hamlin
21121 10.01
31/31 Overbrook 54. Florida street address (P.O. Box NOT acceptable)
Piorida street address (P.O. Box NOT acceptable)
Sorrento FL 32776 City, State, and Zip
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 the position as registered agent as provided for in Chapter 608, F.S
$\Omega / - A = 1 / \Omega$
Mistro Hamli.
Registered Agent's Signature (REQUIRED)
CONTINUED
(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member	Christing famlin 31131 Duchrook St. Sociento KI. 32776
	
(Use attachment if necessary)	
	date of filing: (OPTIONAL) be specific and cannot be more than five business days
REQUIRED SIGNATURE:	0 1 -

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.)

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)