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COVER LETTER

TO:	Registration Division of C			
SUBJE	CT: Deep B	lue Kayak Fishing LLC		
		Name of Lin	nited Liability Company	
The enc	losed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please r	eturn all corre	spondence concerning this ma	atter to the following:	
	Eric Mcd	onald		
			Name of Person	
	Deep Blu	ue Kayak Fishing LLC		
			Firm/Company	
	2519 SW	/ 4Th Street		
			Address	
	Boynton	Beach, FL 33435	ity/State and Zip Code	
de	epbluekayak	fishing@gmail.com	ny/State and Zip Code	
	<u> </u>	E-mail address: (to be used	d for future annual report notifica	ation)
For furt	her informatio	n concerning this matter, plea	se call:	
Eric M	cdonald	at (_ 		
	Nan	ne of Person	Area Code Daytime Te	lephone Number
Enclose	d is a check fo	or the following amount:		
□ \$125.00) Filing 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 Circle Tallahassee, FL 32301

AR	KTICLES OF ORGANIZATION F	OR FLORIDA LIMITED LIABILITY (COMPANY
ARTICLE 1 - Name The name of the Limi	: ited Liability Company is:		
Deep Blue Kayak F			
	(Must end with the words "Lim	ited Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Addr The mailing address a		al office of the Limited Liability Co	ompany is:
Principal Office Add	dress:	Mailing Address:	
2519 SW 4Th Stree Boynton Beach, FL		2519 SW 4Th Street Boynton Beach, FL 3343	5
(The Limited Liability	istered Agent, Registered Offi y Company cannot serve as its of ity with an active Florida registr	ice, & Registered Agent's Signatu own Registered Agent. You must de ration.)	are: esignate an individual or
The name and the Flo	orida street address of the regist	ered agent are:	
	Eric Mcdonald		
	N	ame	
	2519 SW 4Th Street	· · · · · · · · · · · · · · · · · · ·	
	Florida street address (P.O.	Box NOT acceptable)	
	Boynton Beach	_{FL} 33435	
	City	Zip	
the place designa capacity. I further	ted in this certificate, I hereby a agree to comply with the provisi I am familiar with and accept th	ot service of process for the above st ccept the appointment as registered ions of all statutes relating to the pro- e obligations of my position as regis chapter 605, F.S	agent and agree to act in this oper and complete performance
	(CONT	INUED)	
	Page		S S I

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<u>Title:</u> "AMBR" = Authorized	Mamhar	Name and Address:	
"MGR" = Manager	Member		
MGR		Eric Mcdonald	
 		2519 SW 4Th Street	*************************************
		Boynton Beach, FL 33435	
		PARAMETER AND	· · · · · · · · · · · · · · · · · · ·
		······································	
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ARTICLE IV-