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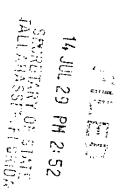
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Certified Copies	_ Certificates	s of Status	
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: Seastiol Name of	Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to the following:
	Clifford !	Randolph Crandner J. Name of Person
	Beastid	Airm/Company
	58 movel	Address
		City/State and Zip Code Sused for future annual report notification)
For furt	E-mail address: No be ther information concerning this matter,	9
0	Name of Person	Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
⊒ \$ 125,0	0 Filing Fee \$\text{Status}\$ Certificate of Status	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

ARTICLES OF, Q, GANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Beactiology (O) (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	
Principal Office Address:	Mailing Address:
58 marshall lane Frostproof EL) 33943	Apt. 344 crowd Park- NY 14127
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
N-DVATIVE ASSO Name	CTATES U.C.
5036 DR. PHILLE Florida street address (P.O. Box I	ろ BWD #284 NOT acceptable)
ORLANDO City	FL 32819 Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this call statutes relating to the proper and complete performance rations of my position as registered agent as provided for in 605, F.S
Registered Agent's Signatu	re (REQUIRED)
(CONTINUE) P) (2) 7: 7: 7: 7: 7: 7: 7: 7: 7: 7: 7: 7: 7:
Page 1 of 2	52 S

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Clifford R. Crandner Or. 66 mars new lane Frestpreat FL, 33843	
(Use attachment if necessary)		
ate of filing.) ICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	C	
(In accordance with section 60 constitutes an affirmation und I am aware that any false infor	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)	
CLAS	Typed or printed name of signee	
\$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	Filing Fees: rganization and Designation of Registered Agent nal)	
	Page 2 of 2	

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-