

LK000178338

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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FLORIDA LIMITED LIABILITY CO.  
SEA LIFE PADDLE COMPANY, LLC

Certificate of Status	0
Certified Copy	1
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RECEIVED  
15 OCT 20 PM 4:10FILED  
15 OCT 20 PM 6:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1 - NAME:**

The name of the Limited Liability Company is:

**SEA LIFE PADDLE COMPANY, LLC**

(Must end with the words "Limited Liability Company" "LLC" or L.L.C")

**ARTICLE 11 - Address:**

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

**Principal Office Address:**

**1331 Peppertree Trl Apt C  
Fort Pierce, FL 34950**

**Mailing Address:**

**1331 Peppertree Trl Apt C  
Fort Pierce, FL 34950**

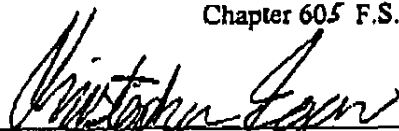
**ARTICLE 111 - Registered Agent, Registered Office & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active FL registration.)

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

**Christopher Egan  
1331 Peppertree Trl Apt C  
Fort Pierce, FL 34950**

Having been named as registered agent and to accept service of process for the above state limited liability company at the place designated in this certification, 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 605 F.S..



Registered Agent's Signature

FILED  
OCT 20 PM 3:45  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

Managing Member

**Christopher Egan  
1331 Peppertree Trl Apt C  
Fort Pierce, FL 34950**

**ARTICLE V - Effective date, if other than the date of filing:**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Required Signature:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CHRIS EGAN**

typed or printed name of signee