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COVER LETTER

	w Filing Section vision of Corporations			
SUBJECT:	Swamp Dado	ty Airboats & Fabrication. LC ne of Limited Liability Company		
The enclose	d Articles of Organization and	fee(s) are submitted for filing.		
Please retur	n all correspondence concernin			
	Davia A. Gre	Name of Person		
	Swamp Dadde	J Airboabs + Fabrication Firm/Company		
	312 W. Marc	Address		
Tavares, FL 32778 City/State and Zip Code Swampdaddyair boats @ amail. com E-mail address: (to be used for future annual report notification)				
Swampdaddyair boats @ amail. com E-mail address: (to be used for future annual report notification)				
For further in	formation concerning this matt	er, please call:		
Name of Person Area Code Daytime Telephone Number				
	a check for the following amou			
S125.00 Fil	ling Fee \$130.00 Filing Certificate of S			
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	Division of Corporations	_		
	P.O. Box 6327	Clifton Building		
	Tallabaccos Bl 4/4/4	AND ERROUNDER ONIOTE INCID		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Sump Dady Airbooks & Fabrication, UC (Must end with the words "Limited Liability Company, "L.L.C.," or "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:				
912 W Moud St Tavares, Fl 32778 32778				
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:				
David A Green Sr. Name				
912 w maud St.				
Florida street address (P.O. Box NOT acceptable)				
Tavares FL 32778				
Tavares FL 32778 City 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 605, F.S				
Registered Agent's Signature (REQUIRED)				
(CONTINUED) Page 1 of 2				

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	David A. Green Jr. 912 w mand St
A <u>MBR</u>	Kaila D Green 24117 St Hwy 42 Umatilla fl 32784
(Use attachment if necessary)	
(If an effective date is listed, the date must b to or 90 days after the date of filing.)	date of filing: Date of file. (OPTIONAL) be specific and cannot be more than five business days prior c applicable statutory filing requirements, this date will not be listed as the records.
REQUIRED SIGNATURE:	
This document is executed in acc	or an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. tion submitted in a document to the Department of State as provided for in s.817.155, F.S.
\$125.00 Filing Fee for Articles of	ed or printed name of signee Filing Fees Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional	\$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV:

Company: