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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:				
The name of the Limited Liability (Lompany is:			
Marine Adventures 201	9, LLC the words "Limited Liability	Company 'S. I. C. '	local LC m	
(Masi Conatti	the words. Challed Claphing	Company, E.E.C.,	of Circ. y	
ARTICLE II - Address:				
The mailing address and street add	ess of the principal office of t	the Limited Liability	Company is:	
Principal (Office Address:		Mailing Address:	
2449 Del Lago Drive		2449 Del Lag	o Drive	
Fort Lauderdale, FL 33.	316	Fort Lauderd		
				
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti	nnot serve as its own Register			
The name and the Florida street	address of the registered	d agent are:		
	Robert Berman			
		Name		_
	2449 Del Lago Drive			
	Florida street address		'accentable)	_
	i iorida sireet addres.	3 (1 .0. DOX <u>112 1</u>	, ucceptuoto)	
	Fort Lauderdale	FL	33316	
	City	State	Zip	
-				
laving been named as registered place designated in this certificate further agree to comply with the parm familiar with and accept the o	I hereby accept the apportunitions of all statutes rebligations of any position of	ointment as registed at the property of the pr	ered ugent and agree to er and complete perfort vas provided for in Cha	act in this capacity. I mance of my duties, and
	Kegiste	ered Agent's Sign	ature (REQUIRED)	
		(CONTINUED	·)	P 2019 DEC SECRETA TALLAHAS

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager MGR (Use attachment if necessary) . (OPTIONAL) 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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURES

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b). Florida Statutes. 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 5.817.155, F.S.

Robert Berman

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)

SECRETARY OF STATE TALLAHASSEE, FLORIDA