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| (Document Number) Certificates of Status               |                                  |
| Special Instructions to Filing Officer Office Use Only | M 1:41-3 PH 3:59                 |



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|    | INC.<br>P.O. Box      | 236 East 6th Avenue. Tallahassee, Florid<br>37066 (32315-7066) ~ (850) 222-2666 or (800 |              |
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

### Blue Green Charters, LLC

(Must contain 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:          |
|---------------------------|---------------------------|
| 11675 4th Street E        | 11675 4th Street E        |
| Treasure Island, FL 33706 | Treasure Island, FL 33706 |

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

City

(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:

 John Hodson

 Name

 11675 4th Street E

 Florida street address (P.O. Box NOT acceptable)

 Treasure Island

 Fi
 33706

State

Having been nomed 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)

Zip

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(CONTINUED)

| * AMBR" = Authorized Member       John Hodson         *MGR" = Manager       John Hodson         MGR       John Hodson         It673 4tb Street E       Itcasure Island, I'L 33706         MGR       Berbers Hodson         It675 4tb Street E       Itcasure Island, I'L 33706         MGR       Berbers Hodson         It675 4tb Street E       Itcasure Island, I'L 33706         MGR       Berbers Hodson         It675 4tb Street E       Itcasure Island, I'L 33706         (Use attachment if necessary)       EV: Effective date, if other than the date of filing:  | Titlé:  | Name and Address:   |          |
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| MGR       Iterature Island, IC. 33706         MGR       Berbarn Hodson         Iterature Island, IC. 33706         Iterature Island, Iterature Island, IC. 33706 <tr< td=""><td>MGR</td><td>John Hodson</td><td></td></tr<>   | MGR   | John Hodson   |          |
| MGR       Barbara Hodson         Il672 4th Street E       Treasure Island, FL 33706         Incastre Island, FL 33706       Incastre Island, FL 33706         (Use attachment if necessary)       Incastre Island, FL 33706         E V: Effective date, if other than the date of filing:  |   | 11675 4th Street E  |          |
| III675 4th Street E         Treasure Island, FL 33706         (Use attachment if necessary)         E V: Effective date, if other than the date of filing:  |   | Treasure Island, FL 33706   |          |
| Iligits 4th Street: E         Treasure Island, FL 33706         (Use attachment if necessary)         E V: Effective date, if other than the date of filing:  | MCB   |   |          |
| ITrensure Island, FL 33706         (Use attachment if necessary)         E V: Effective date, if other than the date of filing:   | MGR   | Barbara Hodson  |          |
| (Use attachment if necessary)         E. V. Effective date, if other than the date of filing:   |   | Treasure Island, 14, 33706  |          |
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| REOUTRED SIGNATURE:      Signature of a member or an authorized representative of a membor.      This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.      I an aware that any false information submitted in a document to the Department of State     constitutes a third degree felony as provided for in s.817.155, F.S.      John Hodson      Typed or printed name of signee      Filing Fee for Articles of Organization and Designation of Registered Agent      S.00 Certificate of Status (Optional)  | (Use attachment if necessary)   |   |          |
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