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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability | Company is: | | | |
|--|-----------------------|-------------------------|---|------------------|
| High Speed Excursions | LLC_ | | | |
| (Must contain | n the words "Limited | l Liability Comp | any, "L.L.C.," or "LLC.") | , |
| ARTICLE 11 - Address: The mailing address and street add | ress of the principal | office of the Lin | nited Liability Company is: | |
| <u>Principal</u> | Office Address: | | Mailing Add | ress: |
| 52 Butterwood Aly | | | 52 Butterwood Aly | |
| Alys Beach, FL 32461 | | | Alys Beach, FL33461 | |
| another business entity with an act The name and the Florida street ad | dress of the register | · | | |
| | William F. Bryant | | | |
| | | Name | | |
| | 52 Butterwood Aly | | | |
| | Florida street addre | ss (P.O. Box <u>N</u> C |) Tacceptable) | |
| | Alvs Beach | FL | 33461_ | |
| | City | State | Zip | |
| daving been named as registered ag | ent and to accept ser | vice of process fo | r the above stated limited liab istered agent and agree to act | vility company a |

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)

| **MGR" = Manager AMBR **William F. Bryant 52 Butterwood Alv Alvs Beach, Fl 32461 **AMBR **Carol D. Bryant 52 Butterwood Alv Alvs Beach, Fl 32461 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: | Title: "AMBR" = Authori | Name and Address: |
|--|---|---|
| AMBR Carol D. Bryant 52 Butterwood Alv Alvs Beach. Fl 32461 (Use attachment if necessary) (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: | | |
| AMBR Carol D. Bryant 52 Butterwood Alv Alvs Beach. Fl 32461 (Use attachment if necessary) (Use attachment if necessary) (LE V: Effective date, if other than the date of filing: | AMBR | William F. Bryant |
| (Use attachment if necessary) (Use attachment if necessary) (LE V: Effective date, if other than the date of filing: | | 32 Butterwood Alv |
| (Use attachment if necessary) LE V: Effective date, if other than the date of filing: | | Atva Deach, Pt 32401 |
| (Use attachment if necessary) LE V: Effective date, if other than the date of filing: | AMBR | |
| (Use attachment if necessary) LE V: Effective date, if other than the date of filing: | | 52 Butterwood Alv |
| LE V: Effective date, if other than the date of filing: (OPTIONAL) fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ament's effective date on the Department of State's records. | | AIVS Beach, FI 32461 |
| LE V: Effective date, if other than the date of filing: . (OPTIONAL) Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records. | | |
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| Nullan It Ish & | LE V: Effective date, ffective date is listed, e of filing.) If the date inserted in ument's effective date LE VI: Other provision | if other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records. sins, if any. |
| Signature of a member of 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 s.817.155, F.S. | LE V: Effective date, ffective date is listed, e of filing.) If the date inserted in ument's effective date LE VI: Other provision REQUIRED SIGN This | the date must be specific and cannot be more than five business days prior to or 90 this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records. ATURE: Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of the Department of Statutes. Saware that any false information submitted in a document to the Department of Statutes. |
| I have document as 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. | LE V: Effective date, ffective date is listed, e of filing.) If the date inserted in ument's effective date LE VI: Other provision REQUIRED SIGN This | the date must be specific and cannot be more than five business days prior to or 90 this block does not meet the applicable statutory filing requirements, this date will no e on the Department of State's records. ATURE: Signature of a member of an authorized representative of a member. In a document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. In a ware that any false information submitted in a document to the Department of State stitutes a third degree felony as provided for in s.817.155, F.S. |

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)

ARTICLE IV-