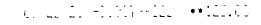
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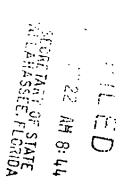
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Special Instructions to Filin	g Officer:	

Office Use Only



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## COVER LETTER

TO:	New Filing Secti Division of Corp							
SUBJEC		T HOLDINGS LLC						
00000	· ·	Name of	Limited Liabili	y Company				
Th <b>e</b> enc	losed Articles of C	Organization and fee(s)	are submitted	for filing.				
Please re	eturn all correspor	idence concerning this	matter to the fe	ollowing:				
	MICHAEL K	WALSH						
			Name of	Person			_	
	MICHAEL W	ALSH AND ASSOC	IATES, LTD.					
	-	•	Firm/Co	npany	_	<del></del>	_	
	3361 HOWA	RD STREET						
			Addr	ess	-		_	
	SKOKIE, IL	60076			_		_	
			City/State an	d Zip Code	-	:		
		VALSHCPA.COM				_ <u>##</u>	_	
	E	-mail address: (to be t	ised for future a	innual report notificati	on)	注答		-14
For furth	er information cor	ncerning this matter, pl	ease call:			ASS XSS	1.	ر. د
	MICHAEL K	, WALSH	\$47 : (	423-2368 Davtime Telephon		_ न्यून स्मृतः स्मृतः	124	
	Nam	e of Person	Area Code	Daytime Telephon	e Number	STAT LOZI	9: 44	C
Unalos	ad is a shack for t	he following amount:				A A	<b>t</b> -	
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<b>≡</b> 217	5.00 Filing Fee	Certificate of Statu	s Certif	ied Copy nal copy is enclosed)	Certifica Certified	ite of Status	\$ &	
	<b>\1</b> _00.	ng Address		Street Address				
	·	iling Section		New Filing Section D				
		on of Corporations 3ox 6327		The Centre of Tallah 2415 N. Monroe Stra				
	-	nassee, FL 32314		Tailahassee, FL 3230	03			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
SHEA BOAT HOLDI	NGS LLC		
(Must conta	in the words "Limited Liabil	ity Company,	"L.L.C ." or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal office.	ntithe Limiter	Highility Company is:
The maring address and succe ad	oress of the principal office	of the Little	Liability Company is.
<u>Princips</u>	l Office Address:		Mailing Address:
215 N NEW RIVER I	OR E. UNIT 3105	215	N NEW RIVER DR E. UNIT 3105
FORT LAUDERDAL			RT LAUDERDALE, FL 33301-2742
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Regi	stered Agent.	You must designate an individual or
The name and the Florida street a	iddress of the registered aget	it are:	
	KYLE M SHEA		
	Na	ne	
	215 N NEW RIVER DR I	E. U <u>N</u> IT 3105	5
	Florida street address (P.	), Box <u><b>XOT</b></u>	acceptable)
	CORTALIDED ALC		
	FORT LAUDERDALE.	FL	33301-2742

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 ac; in this capacity. I further agree to comply with the provisions of all stantes 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..

(CONTINUED)

Kyle M Shea

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager	
MGR	KYLE M SHEA
	215 N NEW RIVER DR E. UNIT 3105
	FORT LAUDERDALE, FL 33301-2742
	the date of filings (OPTIONAL)
EV: Effective date, if other than tective date is listed, the date must filling.) the date inserted in this block do	the date of filing:
EV: Effective date, if other than to ctive date is listed, the date must filling.) the date inserted in this block do nent's effective date on the Depart EVI: Other provisions, if any.	es not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than tetive date is listed, the date must filling.) the date inserted in this block do nent's effective date on the Depart EVI: Other provisions, if any.	est be specific and cannot be more than five business days prior to or 90 costs not meet the applicable statutory filing requirements, this date will not artment of State's records.
E V: Effective date, if other than tective date is listed, the date must filling.) the date inserted in this block do ment's effective date on the Depart E VI: Other provisions, if any.  REQUIRED SIGNATURE:	ies be specific and cannot be more than five business days prior to or 90 coses not meet the applicable statutory filing requirements, this date will not artment of State's records.  Kyla W Shaa
ctive date is listed, the date must filling.) the date inserted in this block do ment's effective date on the Depa E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document is an aware that	est be specific and cannot be more than five business days prior to or 90 costs not meet the applicable statutory filing requirements, this date will not artment of State's records.
EV: Effective date, if other than to ctive date is listed, the date must filling.) the date inserted in this block do nent's effective date on the Department's effective date on the Department of the Department	State specific and cannot be more than five business days prior to or 90 comes not meet the applicable statutory filing requirements, this date will not be artment of State's records.  Kyla W Shaa  of a member or an authorized representative of a member.  is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State

\$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-