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(Business Entity Name)

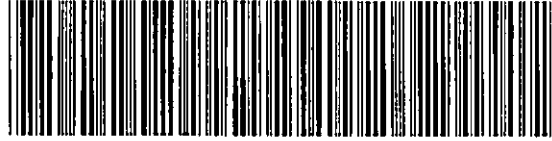
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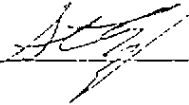
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VERO PADDLE SPORTS, LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature

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____ Cert. Copy _____
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____ Certificate of Fictitious Name _____
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**ARTICLES OF ORGANIZATION
VERO PADDLE SPORTS, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I – NAME

The name of the Limited Liability Company is:
Vero Paddle Sports, LLC

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
30 Lost Beach Lane
Vero Beach, FL 32963

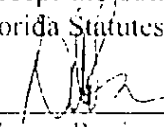
Mailing Address:
30 Lost Beach Lane
Vero Beach, FL 32963

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the initial Registered Agent are:

Dillon L. Roberts
Gould Cooksey Fennell
979 Beachland Boulevard
Vero Beach, FL 32963

Having been named as initial Registered Agent and to accept service of process for the stated Limited Liability Company at the place designated in this Article of these Articles of Organization, I hereby accept the designation 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 of the Florida Statutes.

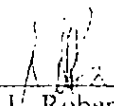


Dillon L. Roberts, Registered Agent

ARTICLE IV – MANAGEMENT

The Limited Liability Company shall be a manager-managed limited liability company.

The initial Manager of the limited liability company shall be Norman S. Miller.



Dillon L. Roberts, Authorized Representative