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LAW OFFICES COMPTON, PREWETT, THOMAS & HICKEY, L.L.P.

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ROBERT C. COMPTON (RETIRED)
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*BOARD RECOGNIZED SPECIALIST IN TAX LAW GREGORY L. SMITH MATTHEW J. SHEPHERD** F. MATTISON THOMAS, III

"ALSO LICENSED IN LOUISIANA

June 24, 2004

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re:

SEAJAYHAYS, LLC

Dear Sir:

Enclosed please find the following documents required to register the above limited liability company to do business in the State of Florida:

- 1. Application by Foreign Limited Liability Company For Authorization to Transact Business in Florida;
- Certificate of Good Standing from the Arkansas Secretary of State;
- 3. Certificate of Designation of Registered Agent/Registered Office;
- Check in the amount of \$125.00 for the Filing Fee and Designation of Registered Agent Fee.

Please furnish me with your letter of acknowledgment.

If you need anything further, please let me know.

Thanks.

Yours truly.

lovd M. Thomas, J

FMTjr:cb

Enclosures: As listed

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SEAJALHALS //C	
1. SEAJAGHAGS, //C. (Name of foreign limited liability company)	
2. ARKANSAS 3. APPLIED FOR	
2. ARKANSAS (Jurisdiction under the law of which foreign limited liability company is organized) 3. APPLIED FOR (FEI number, if applicable)	
4. MAG 28 2004 5. PERPETUAL (Date of Organization) 5. Ouration: Year limited liability company will cease to	
4. MAG 28 2004 (Date of Organization) 5. PERDETUAL (Duration: Year limited liability company will cease to exist or "perpetual")	
6. AS SOON AS QUALIFIED	
6. AS SOON AS QUALIFIED (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	
7. CT CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND &	¥d.,
PLANTATION, FL 33324 (Street address of principal office)	
(Street address of principal office)	
8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 23 The name and usual business addresses of the managing members or managers are as follows: 23 The name and usual business addresses of the managing members or managers are as follows: 23 The name and usual business addresses of the managing members or managers are as follows: 25 The name and usual business addresses addresses and the managing members or managers are as follows: 26 The name and usual business addresses addresses addresses and the managing members or managers are as follows: 27 The name and usual business addresses addresses addresses addresses addresses addresses are as follows: 28 The name and usual business addresses addres	_
9. The name and usual business addresses of the managing members or managers are as follows:	<u>:</u>
JOHN HA45	j
2700 JAHES BLUD.	
ELDORADO, AR 71730	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)	ds in
11. Nature of business or purposes to be conducted or promoted in Florida: To Punc HASE, 14040	
ENVEST, REINVEST, MANAGE AND OPERATE THE ASSETS OF THE COMPAN	5
Signature of inember or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
JOHN HAYS	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limite	ed Liability Company is:	
SEAJAGHAGS	, ua	<u> </u>
2. The name and the Flori	ida street address of the registered agent and office	are:
C T Corpora	ation System	SECI TALL
	(Name)	M 29 AHASS
c/o C T Corporation System, 1200 South Pine Island Road		
	Florida street address (P.O. Box NOT ACCEPTABLE)	H 3: 52
Plantation	FL 33324	D F
	City/State/Zip	•

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 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 608, F.S..

C T Corporation System

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



Arkansas Secretary of State Charlie Daniels

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

SEAJAYHAYS, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office May 28, 2004.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 1st day of June 2004.

Chali Vail

Charlie Daniels Secretary of State

Online Certificate Authorization Code: 4eb456577bbda5c

To verify the Authoriziation Code, visit www.sosweb.state.ar.us