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DECEMBER 6, 1999

NAME : ULTIMATE KAYAK FISHING, LLC

100003064271--3

ACCOUNT #: FCA000000015

AUTHORIZATION: PAUL HODGE/ABBIE HODGE

TYPE OF FILING: APPLICATION BY LIMITED LIABILITY COMPANY
FOR AUTHORITY TO TRANSACT BUSINESS IN FL.

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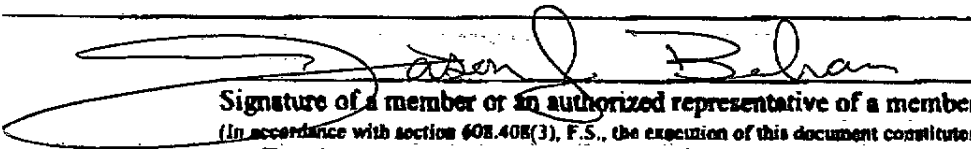
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TALLAHASSEE, FLORIDA

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

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

1. ULTIMATE KAYAK FISHING LLC
(Name of foreign limited liability company)
2. New York
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 11-3514016
(FEI number, if applicable)
4. 9/10/99
(Date of Organization)
5. Perpetual
(Duration: Your limited liability company will cease to exist or "perpetual")
6. December 1, 1999
(Date first transacted business in Florida. (See sections 608.501, 608.502, and §17.155, F.S.))
7. 147 Fairview Avenue
Montauk, NY 11954
(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:
JASON BEHAN, Manager
147 Fairview Avenue
Montauk, NY 11954
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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 oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: to provide services in
the operation of an ocean kayak fishing business


Signature of a member 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.)
JASON BEHAN

Typed or printed name of signee

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**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 Limited Liability Company is:

ULTIMATE KAYAK FISHING LLC

2. The name and the Florida street address of the registered agent and office are:

JASON J. BEHAN
(Name)

1409 WHITE ST
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Keywest FL 33040
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.

Jason J. Behan
(Signature)
JASON BEHAN, Manager

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

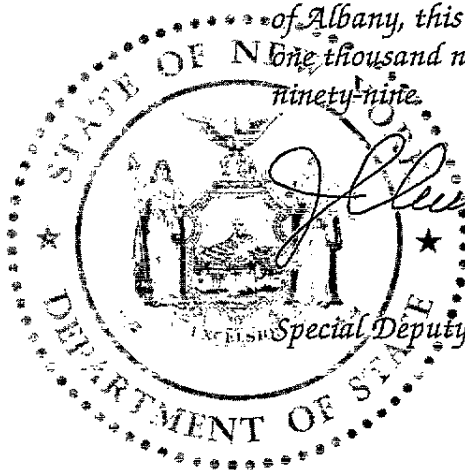
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State of New York } ss:
Department of State

I hereby certify, that ULTIMATE KAYAK FISHING LLC a NEW YORK limited liability company filed a Certificate of Articles of Organization pursuant to section 203 of the Limited Liability Company Law on 09/10/1999, and that the limited liability company is subsisting so far as shown by the records of the Department.

The limited liability company has not filed proofs of publication under section 206 of the Limited Liability Company Law.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 30th day of November
One thousand nine hundred and
ninety-nine.



Special Deputy Secretary of State

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STATE DEPT OF STATE
ALLAHASSEE FLORIDA

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