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# FLORIDA LIMITED LIABILITY CO. VIP DIVING SERVICES LLC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### VIP DIVING SERVICES LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

Γ.

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

| Principal Office Address: | Mailing Address:          |
|---------------------------|---------------------------|
| 440 SE 2ND AVE , APT C2   | 440 SE 2ND AVE , APT C2   |
| DEERFIELD BEACH, FL 33441 | DEERFIELD BEACH, FL 33441 |

#### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

| ANDRE ENRIQUE MA          | NCINI                |            |
|---------------------------|----------------------|------------|
| N                         | ame                  |            |
| 440 SE 2ND AVE , AP       | r C2                 |            |
| Florida street address (F | .O. Box <u>NOT</u> a | cceptable) |
| DEERFIELD BEACH           | FL                   | 33441      |
| City                      | State                | Zìp        |

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

14 MY 2:21

To: +18506176381

| ARTICLE | : IV- |
|---------|-------|
|---------|-------|

| The name and address of each | person authorized to manage an | ad control the Limited Liability | Company: |
|------------------------------|--------------------------------|----------------------------------|----------|
|------------------------------|--------------------------------|----------------------------------|----------|

| <u>Title:</u> "AMBR" = Authorized Member                                 | Name and Address:   |                |
|--|---|----------------|
| "MGR" = Manager  |   |                |
| AMBR   | MANCINI. ANDRE HENRIOUE   |                |
|  | 440 SE 2ND AVE . APT C2<br>DEERFIELD BEACH . FL 33441                 | <u> </u>       |
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| he document's effective date on the Departmen                            |   | =:             |
| ARTICLE VI: Other provisions, if any.                                    | ÷-  | 2: 2           |
|  |   |                |
| REQUIRED SIGNATURE:  |   |                |
| Signature of a c   | nember or an adthorized 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.

ANDRE HENRIOUE MANCINI

Typed or printed name of signee

#### 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)