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Brian W. Clar Requester's Name	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
1013 SE 38 SH	#1		
Carol Carol FL	40988		
City/State/Zip Phone	÷#	·	
		Office Use Only	
CORPORATION NAME(S) & DOC	CUMENT NUMBER(S), (if l	-07/12/0101002006	
1(Corporation Name)	(Document #)	*****25.00 *****25.00	
2(Corporation Name)	(Document #)	5000044326353 -06/20/0101070002 ****100.00 ****100.00	
3(Corporation Name)	(Document #)	148	
4(Corporation Name)	(Document #)		
☐ Walk in ☐ Pick up time		Certified Copy	
Mail out Will wait	Photocopy	Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>	FILED -9 AN ASSEE,	
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Not for Profit Limited Linbility	Change of Regist	ered Agent $\widetilde{\Xi}\widetilde{\Xi}$ 33 Ξ	
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 26, 2001

BRIAN N. CLOY 1012 SE 38 ST., #1 CAPE CORAL, FL 33904

SUBJECT: BC DIVING LLC Ref. Number: W01000014652

We have received your document for BC DIVING LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

You failed to include the filing fee for the registered agent. We will need an additional \$25.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Diane Cushing Corporate Specialist

Letter Number: 801A00038265

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	, rangan
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: BC VIVING PO BOK 100/5/ CAPE CONAL FL 335/10 BRAJ Cley 1012 SE 38 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	5/#] Fc 3390
The name and the Florida street address of the registered agent are:	
Brian N. Cley 1012 SE 39 St. # 1 Florida street address (P.O. Box NOT acceptable) Cape Cons (FL 3390) City, State, and 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 design 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. Registered Agent's Signature Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.	5
(An additional article must be anded if an effective date is requested) Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Bual N. Co.	
Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	