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(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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07 SEP 27 AM II: 07

SECRLIANSSEE, FLORIDA

ANT AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MIAMI SCUBA VENTURES, LLC (Name of Resulting Florida Limited Company)
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this matter to:
COLBY JOHNSON (Contact Person) MIAMI SCUBA VENTURES (Firm/Company)
(Contact Person)
MIAMI SCUBA VENTURES
(Firm/Company)
2520 SW Z6 THLN
(Address)
$\frac{2520 \text{ Sw } 26 \text{ TH LW}}{\text{(Address)}}$ $\frac{\text{MIAMI, FL.}}{\text{(City, State and Zip Code)}}$
(City, State and Zip Code)
For further information concerning this matter, please call: LOLBY JOHNSON at (786) 256-2056 (Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\bigsquare\text{\$150.00 Filing Fees} & \bigsquare\text{\$155.00 Filing Fees} & \bigsquare\text{\$180.00 Filing Fees} & \bigsquare\text{\$185.00 Filing Fees} & \bigsquare\text{\$185.00 Filing Fees} & \bigsquare\text{\$185.00 Filing Fees} & \bigsquare\text{\$Certified Copy, and Certificate of Status} & \bigsquare\text{\$Certificate of Status} & \bigsquare\$Certificat
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

FILED 07 SEP 27 AMII: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this	
Certificate of Conversion is: MIAMI SCUBA VENTURES	
(Enter Name of Other Business Entity)	603262900198
2. The "Other Business Entity" is a <u>SOLE PROPRIETOR SHIP</u> (Enter entity type. Example: corporation, limited partnership, sole proprietors general partnership, common law or business trust, etc.)	_·
first organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)	
on 9/19/2003 (Enter date "Other Business Entity" was first organized, formed or incorporate	red)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:	
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
MIAMI SCUBA VENTURES, LLC	
(Enter Name of Florida Limited Liability Company)	<u> </u>

Page 1 of 2

5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
Signed this 24 TH day of SEPTEMBER 20 0 7
Signature of Authorized Person:
Printed Name: COUBY JOHNSON Title: MORM

Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat			
The name of the Li	mited Liability Company	is:	
MIAMI	SCUBA VENT	VRES, LLC.	
(Must end with the words "LLC.")	s "Limited Liability Company," the	abbreviation "L.L.C.," or the designation	
ARTICLE II - Ad	dress:		
		principal office of the Limited	
Liability Company			
Principal Office A	ddress:	Mailing Address:	
2520 SW	26TH LN.	2520 SW Z6THLN. MIAMI, FL 33133	
MIAMI, F.	2617 CN. 233133	MIAMI, FL 33133	
individual or another business entity with an a	nctive Florida registration.)	<u> </u>	
	2520 SW Na	/\S \(\text{\tiny{\text{\tiny{\text{\tiny{\tiin\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny}	
		TH LN	7117
	Florida street address (P.	O. Box NOT acceptable)	
	MIAMI	O. Box NOT acceptable) FL 33/33	
	City, St	ate, and Zip	
above stated limite hereby accept capacity. I furthe the proper and c	ed liability company at the the appointment as register or agree to comply with the complete performance of my gations of my position as re Chapter 668,	to accept service of process for the place designated in this certificate, I wed agent and agree to act in this provisions of all statutes relating to aduties, and I am familiar with and pastered agent as provided for in E.S	
	Registered Argent S	ngnature (NEQUINED)	

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
M6RM_	COLBY JOHNSON 2520 SW 26THLN MIAMI, FL 33133	
		
	(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (OPTIONAL) (If an effective date is listed, the date must business days prior to or 90 days after the da	be specific and cannot be more that five	
REQUIRED SIGNATURE:	SSEE, FI	
Signature of a member or an aut	horized 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.)		
COLBY JOHNSON		
Typed or printe	ed 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)