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DIVISION OF CORPORATIONS  
08 APR 28 AM 9:01

J. BRYAN

APR 29 2008

EXAMINER

# WASHOR & ASSOCIATES

COUNSELORS AT LAW

21800 OXNARD STREET, SUITE 790  
WOODLAND HILLS, CALIFORNIA 91367  
TELEPHONE: (310) 479-2660  
FACSIMILE: (310) 479-1022

April 23, 2008

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 28 AM 9:01

Re: LOF Divers, LLC – Articles of Organization

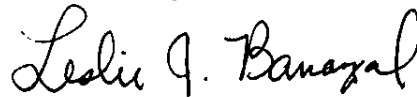
Dear Gentilepersons:

Enclosed, please find the original and three (3) copies of the Articles of Organization for LOF Divers, LLC, a Florida Limited Liability Company. I have also enclosed a check in the amount of \$125.00 to cover your basic filing fee.

Please file the enclosed Articles of Organization and return a conformed copy of the same in the enclosed self-addressed envelope which is provided for your convenience. If you have any questions regarding this matter, please do not hesitate to contact the undersigned.

Thank you for your cooperation in this regard.

Sincerely



Leslie J. Banayad

LJB:ljb  
Enclosures

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: LOF Divers, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie J. Banayad

(Name of Person)

Washor & Associates

(Firm/Company)

21800 Oxnard Street, Suite 790

(Address)

Woodland Hills, California 91367

(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie J. Banayad

(Name of Person)

at ( 310 ) 479-2660

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
08 APR 28 AM 9:01

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LOF Divers, LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

2467 Parkridge Drive

Navarro, FL 32566

**Mailing Address:**

2467 Parkridge Drive

Navarro, FL 32566

**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:

Martin Novinski

Name

2467 Parkridge Drive

Florida street address (P.O. Box **NOT** acceptable)

Navarro, FL 32566

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 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..*

Martin Novinski

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Martin Novinski

2467 Parkridge Drive

Navarro, FL 32566

MGR

Cynthia Noell

2467 Parkridge Drive

Navarro, FL 32566

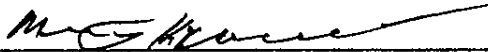
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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.)

Martin Novinski

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)**