L0800016511H

| (Requestor's Name) | | |
|-----------------------------------------|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| L. SELLERS JUL - 82008 EXAMINER | | |

Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| SUBJECT: BENEATH THE BLUE DSCUBA DIVING, 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: | | | |
| LENNY PERRY (Name of Person) | | | |
| BENEATH The BUE Scuba Diving, LLC (Firm/Company) | | | |
| 12809 Illinois Wools LANE (Address) | | | |
| ORLANDO FloRTA 32824 (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| RICHARD CLARKE at (361) 676 8054 (Name of Person) (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amount: | | | |
| \$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{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 Tallahassee, FL 32301 | | | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2008

LENNY PERRY BENEATH THE BLUE, SCUBA DIVING LLC 12809 ILLINOIS WOODS LANE ORLANDO, FL 32824

SUBJECT: BENEATH THE BLUE, SCUBA DIVING LLC

Ref. Number: W08000030882

We have received your document for BENEATH THE BLUE, SCUBA DIVING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 25, 2008. Please amend your document accordingly.

Please return your document, along with 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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 708A00038508

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------|
| BENEATH THE BIVE (Must end with the words "Limited Liability) | Scuba Diving L cy Company, "L.L.C.," or "LLO.") | <u> </u> | |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Lia | bility Comp | any is |
| Principal Office Address: | Mailing Address: | | |
| 12809 Illinois Hoodsla. Octanto Florina 32824 | 17809 Illinois ORIANDO FIORIL 328 | Woole, L | <i>N</i> . |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | Office, & Registered Agent's red Agent. You must designate an individ | Signature: lual or another | |
| The name and the Florida street address of the re | gistered agent are: | | |
| RICHARI) CLAR | KE | | |
| 12809 IlLino? Florida street addr | S WOODS LANG ess (P.O. Box NOT acceptable) | | |
| <u>ONIANDO</u> City, State, ar | FL 32824 d Zip | | |
| Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity, statutes relating to the proper and complete per accept the obligations of my position as regist | is certificate, I hereby accept the I further agree to comply with formance of my duties, and I am pred agent as provided for in Ch | e appointmen the provision familiar with | t as is of all h and |
| /Registered Agent's Signatur | re (REQUIRED) | | |
| (CONTINU Page 1 of 2 | | 08 JUL -7 SEURE MAIN TALLAHASS | <u> </u> |

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 | Name and Address: |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| "MGRM" = Managing Member | A . |
| fresident (MbRM) | Lenny P. Perry 12809 Illinois Woods Lane Orlando, FL 32824 |
| | |
| SECRETARY (MGRM) | RICHARD CLARKE |
| | |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than the d | July 15 2008 [late of filing: April 29, 2006]. (OPTIONAL) |
| (If an effective date is listed, the date must be to or 90 days after the date of filing.) | specific and cannot be more than five business days prior |

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.)

ped 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)

Page 2 of 2