

LD9000096294

(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:

Office Use Only



200161222752

10/05/09--01019--023 **155.00

FILED
09 OCT -5 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 6 2009

EXAMINER

F. Michael Kovach
1020 SE 15th Street, Apt. #2
Fort Lauderdale, FL 33316

28 September 2009

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


Re: Articles of Organization for Learn2Dive, LLC

Gentlemen:

Enclosed are an original set of Articles of Organization for Learn2Dive, LLC, and a duplicate original set for your use. Also enclosed is my check in the amount of \$155 for the initial filing fee of \$125 plus \$30 for a certified copy of the filed Articles. Please return the certified copy to me at the above address. You may also reach me by phone at (954) 673-6484 or by email at fmichaelk@gmail.com.

Thank you for your prompt attention to this matter.

Very truly yours



F. Michael Kovach

FILED
09 OCT -5 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR
LEARN2DIVE, LLC**

ARTICLE I - NAME

The name of the Limited Liability Company is Learn2Dive, LLC.

ARTICLE II - ADDRESS

The street address of the principal office of the Limited Liability Company is as follows:

Learn2Dive, LLC
1450 N. Federal Hwy
Fort Lauderdale, FL 33304

The mailing address of the Limited Liability Company is as follows:

Learn2Dive, LLC
1020 SE 15th Street, Apt. #2
Fort Lauderdale, FL 33316

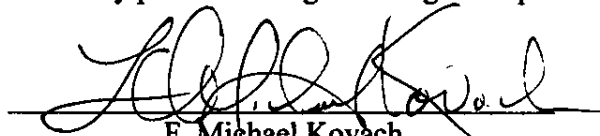
ARTICLE III - REGISTERED AGENT

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

F. Michael Kovach
1020 SE 15th Street, Apt #2
Fort Lauderdale, FL 33316

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.

Registered Agent's Signature:


F. Michael Kovach

FILED
09 OCT 15 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

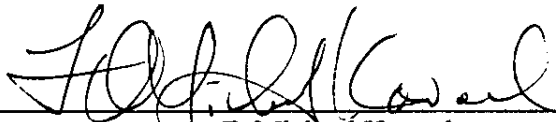
ARTICLE IV- MANAGING MEMBER

The name and address of the sole Member and Managing Member is as follows:

F. Michael Kovach
1020 SE 15th Street, Apt #2
Fort Lauderdale, FL 33316

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.

Executed in Fort Lauderdale, Florida, this 28th day of September, 2009.



F. Michael Kovach
Managing Member

FILED
09 OCT -5 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA