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T. CLINE

JUN 18 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of C	orporations		
SURJECT: Diving t	for the Cross Managem	ent, LLC	
56 26 2617		ted Liability Company	
	of Organization and fee(s) are	_	
Please return all corres	pondence concerning this man	tter to the following:	
DL Phelps			
		Name of Person	
DFTC Manag	gement, LLC		
		Firm/Company	
847 59th Ave	NE		
		Address	
St. Petersbur	g, FL 33703		25 TO A
······································	Ci	ty/State and Zip Code	HAN AS
DianeLorenel	Phelps@yahoo.com		SS SS
For further information	E-mail address: (to be used concerning this matter, pleas	for future annual report notification) e call:	OF STA
Diane Phelps		at (727) 482-0802	10 A
Name	of Person	Area Code & Daytime Telephone Num	ber
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certifie	Filing Fee, ate of Status & d Copy al 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	3:
Diving for the Cross Management, LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
847 59th Ave NE, ST Petersburg, FL 33703	847 59th Ave NE, ST Petersburg, FL 33703
	stered Agent. You must designate an individual or another ∞

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 (REQUIRED)

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Diane Phelps 847 59th Ave NE St Petersburg, FL 33703 MGRM (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: May 1, 2016 . (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.) Diane Phelps

> of Registered Agent \$ 30.00 Certified Copy (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee