

L10000113479

(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

Angie Redman **NAME**

AUTHORIZATION BY PHONE TO

CORRECT

eff date to be 10/22/10

DATE

11/07/10 @ 11:41am

DOC. EXAM

J. Bryan



700187069977

Effective Date 10/22/10

10/29/10--01021--021 **130.00

FILED

10 OCT 29 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV -1 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Osceola Dive Center, 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:

Angelina Redman

Name of Person

Osceola Dive Center, LLC

Firm/Company

P.O. Box 701963

Address

St. Cloud, Florida 34770

City/State and Zip Code

angieredman@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angie Redman

Name of Person

at (407)

908-8995

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

FILED
10 OCT 29 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Osceola Dive Center, 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:

406 East Vine Street
Kissimmee, Florida 34744

Mailing Address:

P.O. Box 701963
St. Cloud, Florida 34770

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.)

Effective Date 10/22/10

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

Gains Redman

Name

4654 Hickory Tree Lane

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

St. Cloud

FL 34772

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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- 45%

Gains Redman
4654 Hickory Tree Lane
St. Cloud, Florida 34772

MGR- 45%

Angelina Redman
4654 Hickory Tree Lane
St. Cloud, Florida 34772

MGRM- 10%

Randall Rivera
406 East Vine Street
Kissimmee, Florida 34744

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/6/10²² (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Gains Redman

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)

FILED
10 OCT 29 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA