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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Addount Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone

: (215)563-8113

Fax Number

: (215)977-9386

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Egail Address:

FLORIDA LIMITED LIABILITY CO. PHA-Q DIVE CHARTERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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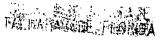
Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PHA-Q DIVE CHARTERS, LLC

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

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

	Manual Lander Pool
1033 NE 17th Way	1033 NE 17th Way
Unit 1306	Unit 1306
Ft. Lauderdale, FL 33304	Ft. Lauderdale, FL 33304

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 individuallor another business entity with an active Florida registration.)

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

		AI	thony	Mare	mo		
	Name						
	1033	NE	17th	Way,	Unit	1306	
	F	orida	street a	ddress (P.O. Box	NOT acce	ptable)
Ft.	Laud	erd	ale	FL	:	33304	
		Çi	ty, State	, and Zi	p		

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 apply fided for in Chapter 608. F.S.

(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:

MGRM	Anthony Marano
·	1033 WE 17th Way, Unit 1306
	Ft. Lauderdale, FL 33304
Use attachment if necessary)	
E.W. Effective data if other than	the date of filing: (CPTION

REQUIRED SIGNATURE:

(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.)

Anthony Marano, Authorized Member

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)

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