08/08/2011 09: Division of Corporation



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L. SELLERS

To:

Division of Corporations

Fax Number

: (850)617-6383

AUG - 9 2011

From:

EXAMINER

Account Name

: ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.

Account Number : 076624003440

: (305)444-6226

Phone Fax Number

: (305)444-6226

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

## FLORIDA LIMITED LIABILITY CO. TROPIC SCUBA LLC.

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### **ARTICLES OF ORGANIZATION**

### **OF**

### TROPIC SCUBA LLC.

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

# ARTICLE I

The name of this Limited Liability Company is: TROPIC SCUBA LLC.

## ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

# ARTICLE III TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

### ARTICLE\_IV

The principal office and mailing address of this Limited Liability Company in the State of Florida is 6771 SW 76th Terrace, South Miami Florida 33143. The Board of Managers may from time to time move the principal office to another address in Florida.

### ARTICLE V REGISTERED OFFICE, REGISTERED AGENT

That TROPIC SCUBA LLC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent, to accept services within the State. The registered office of the shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

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## ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The initial Manager shall be:

EDUARDO DEL CAMPO of 6771 SW 76th Terrace, South Miami Florida 33143

WITNESS the hand and seal of the Manager in Miami-Dade County, State of Florida, this \_\_\_\_\_\_th day of August, 2011.

EDUARDO DEL CAMPO

STATE OF FLORIDA	)
COUNTY OF MIAMI-DADE	) ss: )
PERSONALLY appeared before me, EDUARDO DEL CAMPO who is personally known to me or presented his <u>FL. MWER'S LIC.</u> as identification, who being	
by me first duly sworn, acknowled expressed.	iges that he signed the same for the purposes therein
WITNESS my hand and seal a August, 2011.	It Miami-Dade County, Florida this $\frac{\lambda^{\tau y}}{}$ day of
NOTARY PUBLIC STATE OF FLORI Laura Kohn Commission # DD7701 Expires: MAY 16, 26	ses Milituriam Milituri
BONDED THRU ATLANTIC BONDING CO.	

My commission expires:

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That TROPIC SCUBA LLC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named ARAZOZA & FERNANDEZ-FRAGA P.A. as its Agent, of 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act In this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent

By: Carlos F. Arazoza

Director

Date: July (201)