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SCORETARY OF STATE

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JAN 1 8 2012 EXAMINER

COVER LETTER

TO:	Registration Division of C				
SURT	_{FCT} . South	n Florida Skin Dive	ers LLC.		
3000	<u> </u>	Name of Limite		mpany	
The en	iclosed Articles	of Organization and fee(s) are s	ubmitted for f	ïling.	
Please	return all corres	spondence concerning this matte	er to the follow	ving:	
	Jose A.				
		1	Name of Persor	1	
	South FI	orida Skin Divers	LLC.		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	ı	
	440 SE 3	37 PL			
			Address		
	Homestea	d, FL. 33033			
			/State and Zip (Code	
	Josedebas	a@gmail.com & and	drew@nau	utilusspear.co	om
		E-mail address: (to be used for	or future annual	report notification)	7. 2
For fu	rther information	n concerning this matter, please	call:		2012 JAN 17 SECRETAAN SALLAHASS
Jose	A. Debasa	1	at (786	280-8262	
	Namo	e of Person	Area (Code & Daytime Te	iepnone Number
Enclo	sed is a check t	for the following amount:			
		\$130.00 Filing Fee & Certificate of Status	Ccrtified	Filing Fee & Copy 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	Regis Divis Clifto 2661	et/Courier Addresstration Section sion of Corporation on Building Executive Center thassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TI	CI	ÆI	- N	ame

The name of the Limited Liability Company is:

South Florida Skin Divers 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:

Homestead, FL		
gent's Signatu n individual of anot AMASS. F.O.	LE JAN 17	
E.S.		
A A	ന വ ജ	
le)		
.]	OF STATE E. FLORIDA	

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:

<u>Title:</u>		Name and Address:	
"MGR" = M	_		
"MGRM" =	Managing Member		
MGR		Jose A. Debasa	
		440 SE 37 PL	
		Homestead, FL 33033	
MGR	•	Andrew Quincoses	
		4265 SW 14 ST	
		Miami, FL 33134	
		1911attill, FL 33 134	
<u></u>			

`	nent if necessary)	(OPTIONA	T \
		date of filing: (OPTIONA	,
		specific and cannot be more than five business day	
to or 90 days after tl	ie date of tiling.)	SECRETARY ALUARASSE	5
			,
REOUIREI	SIGNATURE:	Z Z	्रं • म्योक्स
<u> </u>		% इस	*****
		(*************************************	777
			ş. 44m.
	Signature of a member	or an authorized representative of a member.	*** can decor
oc I	onstitutes an affirmation under am aware that any false inform	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true ation submitted in a document to the Department of State	
co	,	as provided for in s.817.155, F.S.)	
	Jose A. Debas	<u> </u>	
	Тур	ed 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)