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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

B. KOHR

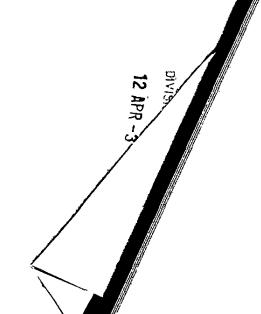
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EXAMINER



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COVER LETTER

TO: Registrati Division o	on Section f Corporations		
SUBJECT: PO	SEIDON SCUBA D	OIVERS LLC	
	Name of Limi	ted Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	12 PR -3
Please return all cor	respondence concerning this mat	ter to the following:	19A
ROBE	RT M. BURMASTE	ER Name of Person	ယ်
		Name of Person	
POSEI	DON SCUBA DIVE	ERS LLC	
		Firm/Company	
804 GC	DLF ISLAND DR		
		Address .	
APOLLO	BEACH, FL 33572		
_		ty/State and Zip Code	
SFBURM	MASTER@HOTMAIL.C	OM for future annual report notification)	
For further informat	ion concerning this matter, pleas	•	
roi futtiei mioniat		e can.	
ROBERT M. E	BURMASTER	_ at (808) 356-9177	
Na	ame of Person	Area Code & Daytime Telephone	e Number
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	60.00 Filing Fee, ortificate of Status & ortified Copy ditional 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

POSEIDON SCUBA 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:

Malling Address:
ROBERT M. BURMASTER
804 GOLF ISLAND DR
APOLLO BEACH, FL 33572

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.)

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

ROBERT M. BURMASTER		
Name		
804 GOLF ISLAND DR		
Florida street address (P.O. Box NOT acceptable)		
APOLLO BEACH FL 33572		
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)

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** ROBERT M. BURMASTER 804 GOLF ISLAND DR APOLLO BEACH, FL 33572 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: .. (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.) ROBERT M. BURMASTER 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)