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COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: AMEVICAN DINEY SERVICES 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: ERIC DANCEY

Name of Person AMERICAN DIVER SERVICES
Firm/Company 8328 NW 7Th ST APT 130
Address MIAMI FL 33126
City/State and Zip Code eric. pancer QouTLook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person at (904) 442-1419

Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
AMERICAN DIVER SERVICE (Must end with the words "Limited	es LL C Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8328 NW 75 ST APT 130	8328 NW 775 ST APT 130
mrami /2 33126	MIaMI FL 33126
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)	
The name and the Florida street address of the registered	_
Ibrahim Elsha	Ter
Name	
8328 NW 7th 5	API 130
Florida street address (P.O. Box	
Mlam) City	FL 33126
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S
Registered Agent's Signal	ure (REOUIRED)
The grant of the g	mie (KEQUIKED)
(CONTINU	ure (REQUIRED) APR ED)
Page 1 of 2	NY OF STATE

Title: "AMBR" = Authorized Member "MGR" = Manager AMBR - MGR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filin (If an effective date is listed, the date must be specific a the date of filing.) ARTICLE VI: Other provisions, if any.	Name and Address: Name and Address: ShaTer Stapt Apt Ap	NAL)
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REQUIRED SIGNATURE:		
	Jun Jun	
Signature of a member of the section 605.0203 (1) (I constitutes an affirmation under the penalties of perjudant am aware that any false information submitted in a constitutes a third degree felony as provided for in s.8	document to the Department of State	, ent
Type:	21C L DANCER d or printed name of signee	
<u>Filing Fees:</u> \$125.00 Filing Fee for Articles of Organization and De of Registered Agent	esignation	20
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)		
	Page 2 of 2	NO.