

L15000075611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Casey called 4/30 advised he needed document to read her was a manager and not CEO for bank purposes. dce

W15 21650

Office Use Only



600269137436

03/06/15--01011--023 \*\*125.00

FILED  
15 APR 21 AM 9:52  
SECRETARY  
FALL RIVER, MA



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blue Water Diving Services  
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:

Casey Byrne

Name of Person

Firm/Company

5100 11<sup>th</sup> Ave North

Address

St. Petersburg, FL, 33710

City/State and Zip Code

Byrne casey@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Casey Byrne

Name of Person

at ( 985 )

Area Code

956-0267

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional 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

Street/Courier Address

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

15 APR 21 AM 9:52  
FILED  
TALLAHASSEE, FL  
SECRETARY OF STATE





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2015

CASEY BYRNE  
P. O. BOX 48203  
ST. PETERSBURG, FL 33710

SUBJECT: DIVER INCORPORATED  
Ref. Number: W15000021650

We have received your document and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

IF YOU'RE FILING A LLC, YOU MUST CORRECT THE SUFFIX WITHIN THE DOCUMENT. IF YOU WISH TO FILE A CORPORATION, YOU MUST COMPLETE THE ENCLOSED DOCUMENTS LABELED ARTICLE OF INCORPORATION.,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Conner  
Regulatory Specialist III

Letter Number: 815A00006221



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blue Water Diving Services 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:

Principal Office Address:

Mailing Address:

5100 11<sup>th</sup> Ave North

P.O. Box 48203

St. Petersburg, FL, 33710

St. Petersburg, FL, 33710

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:

Casey Byrne

Name

5100 11<sup>th</sup> Ave North

Florida street address (P.O. Box NOT acceptable)

St. Petersburg

City

FL

33710

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 605, F.S.*

Casey Byrne

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Casey Byrne  
5100 11th Ave. North  
St. Petersburg, FL 33714

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/14/15. (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Casey Byrne

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

Casey Byrne

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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TALLAHASSEE