## L1500178152

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ress)	
(City/	State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busi	ness Entity Name)	
(Document Number)		
Certified Copies	` Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only

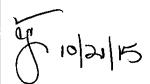


300278283493

10/21/15--01009--001 \*\*180.00

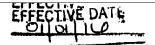






TO: Registration Section Division of Corporations
SUBJECT: Saturation Diving Engineers LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Terry O'Brien
I Name of Ferson
Saturation Diving Engineers LLC
472 W Jefferson Apt 311
Address
Tallahassee FL 32301
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tevry O Brien at (404) 401 5862.  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \]  \$130.00 Filing Fee & \text{Certified Copy} \\ \text{(additional copy is enclosed)} \]  \$160.00 Filing Fee, \text{Certified Copy} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \]
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

15 COT 21 Ki 9: 34



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPHONEL AND ALED

15 CCT 21 777 9: 34

SECRETAL STATE TALLAHASSEF THE CRID.

ARTICLE I - Name:

The name of the Limited Liability Company is:

Saturation Diving Engineers 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:	
472 W Jefferson St		
Anot 311		
Tallahassee FL 32301		

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:

Terry O'Brien

Name

472 W Jefferson StApt 31

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

Tallahassee FL 32301

City State 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 obligation of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member	Name and Address:	15 CGT 21 41 9: 31
"MGR" = Manager	Term O'Brien	
MGR	Tayohassee FL 32301 Reill D'Brien	SECTION OF STATE STATES
	A72 W Jeffersonstadt 311 Tallahassee FL 32301	
MGR	Cooper O'Bren 8388 Roswell Rd Apt R Sandy Sorums 69 30360	
MGR	Genya O'Bren 409 Baneberry Bend Peachtre ary 64 30269	
(Use attachment if necessary)		
CLEV: Effective date, if other than the date of	filing: 1 3 AW 2016 (OPTIONAL) ic and cannot be more than five business days prior to or 90 days after	
te of filing.) If the date inserted in this block does not mee	the applicable statutory filing requirements, this date will not be listed as	
ocument's effective date on the Department of a CLE VI: Other provisions, if any.	Rate's records.	
REQUIRED SIGNATURE:	^	
This document is executed I am aware that any false in	ner or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.	
TENEN		

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)