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## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	ECT: CRP Recruiting Name of Limited Liability Company		
The en	closed Articles of Organization and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Christopher R. Pulupa	_	
	Name of Person		
	Firm/Company	-	
	and Club Dive		
	1082 Coral Club Drive	-	
		16	ΣΫ́
	Coral Springs F1, 33071 City/State and Zip Code		
	City/State and Zip Code	 ا ( ا	S
	E-mail address: (to be used for future annual report notification)		
For furth	ner information concerning this matter, please call:	16 JUH -3   AM   1: 16	
		5	SRIC
	Chris Pulupa at (703) 932 - 2015  Name of Person Area Code Daytime Telephone Number		<u> </u>
	Name of Person Area Code Daytime Telephone Number		
Enclose	ed is a check for the following amount:		
\$125.0	O Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \tag{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \tag{S160.00 Filing Fee, Certified Copy (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		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	<del></del>	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
1082 Coral Club Dr Coral Springs Fl, 33071 Coral Springs Fl, 330	<u>ज</u> ।	
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.)	16 J	SECH
The name and the Florida street address of the registered agent are:		
Patricia A. Dueras		
Name	ماند. ماند	기위를
Florida street address (P.O. Box NOT acceptable)	#H 16	STATE
Coral Springs 7 33071		الله الله
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 obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGRIAMBR	Christopher R. Pulupa 1082, Cond Club Dr.	
AMBR	Coral Springs F1,33071  Patricia Duenas  LOR2 Coral Club Dr  Coral Springs F1,33071	
(Use attachment if necessary)		
the date of filing.)	and cannot be more than five business days prior to or 90 day he applicable statutory filing requirements, this date will not be	
ARTICLE VI: Other provisions, if any.		<del></del>
REQUIRED SIGNATURE:	- R. Pulum	
Signature of a member This document is executed in I am aware that any false infor	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.	
Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor  CHRISTOP	accordance with section 605.0203 (1) (b), Florida Statutes. That is a document to the Department of State my as provided for in s.817.155, F.S.  THER R. PULUPA	
Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor  CHRISTOP	ror an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State may as provided for in s.817.155, F.S.  PHER R. PULUPA med or printed name of signee  Filing Fees:	ГА.