

L22000308590

Division of Corporations

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000233349 3)))



H220002333493ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

***** RESUBMIT *****

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: 8067LLC@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.~~Aqua Adventures LLC~~**Aqua Excursions LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
2022 JUL 12 PM 1:58
FLORIDA
COMMERCIAL
SERVICES

FILED
22 JUL 12 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



July 11, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: AQUA ADVENTURES LLC
REF: W22000090944

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6052.

Genesis R Kersey
OPS Clerk

FAX Aud. #: H22000233349
Letter Number: 022A00015391

FILED
22 JUL 12 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H22000233349

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Aqua Excursions 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:**124 W Ruby Street
Tavares, FL 32778124 W Ruby Street
Tavares, FL 32778**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:

Preston Harrison

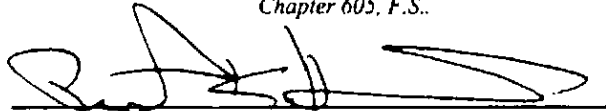
Name

124 W Ruby StreetFlorida street address (P.O. Box **NOT** acceptable)TavaresFL 32778

City

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)

Preston Harrison

(CONTINUED)

Page 1 of 2

FILED
22 JUL 12 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H22000233349

H22000233349

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

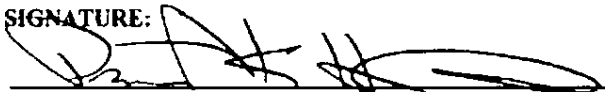
"MGR" = Manager

MGR**Name and Address:**Preston Harrison8420 Trocuro Island RoadTavares, FL 32778MGRAmanda Harrison124 W Ruby StreetTavares, FL 32778

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/4/2022 (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:**

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.)

Preston Harrison

Typed or printed name of signee

FILED
22 JUL 12 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H22000233349