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(Requestor's Name)	•
(Address)	•
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(City/State/Zip/Phone #)	•
(Business Entity Name)	,
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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Office Use Only



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2023

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CAPITAL CONNECTION, INC.

SUBJECT: THE DIVE, LLC Ref. Number: W23000057725

We have received your document for THE DIVE, LLC. However, the document has not been filed and is being returned for the following:

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.

The document number of the name conflict is L20000351637.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

Letter Number: 123A00008855



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite I • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Delray Dive, LLC

Please Debit 1200	00000257 For: 125	5	
Thank you Seth N	Jeelev		
Attel	/		Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
		ļ <u>.</u>	Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Рьою Сору
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
A	2/	— I —	Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: SETH	04/20/23		UCC 1 or 3 File
Name		Time	UCC 11 Search
			UCC 11 Retrieval
Walk-In	Will Pick Up _		Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Delray Dive, LLC

(Must contain 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:
524 W Atlantic Avenue	524 W Atlantic Avenue
Deliay Beach, FL 33444	Delray Heach, FL 33444

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 (egistration.) The name and the Florida street address of the registered agent are:

The second Community			
Thomas F Carney J			·•• {
	Name		
	-		<i></i> -
135 S.E. 5th Avenue	e. Suite 202		
Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)	
Delrav Beach	FL	33483	
City	State	Zip	

323 APR 21 AM 11: 34

I.

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. 1 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.,

Homestel mr .

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address;			
"AMBR" = Authorized Member				
"MGR" = Manager				
AMBR	Joe Ventresca			
	1379 Estuary Trail			
	Delray Beach, FL 33483			
AMBR	Arron Hallyburton	co.	2073	
	9667 Calliandia Drive		23	
	Boynton Beach, FL 33436			• • -:
		· · · · ·	VbS	U <u>-</u>
AMBR	Bastiaan Raams		\sim	
ASIDK	506 S.E. 20th Court	- :		
	Boynton Beach, FL 33435			1
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _______. (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.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

	Moning Carnon
	Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.
	Thomas F Carney Jr
	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)
S 5.00	Certificate of Status (Optional)

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