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(Rec	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone #	(*)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Name	e)
(Do	cument Number)	
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BECHEWAY OF STATE



CAPITAL CONNECTION, INC.

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

WILTON MANORS DIVE SHOP, LLC	
Please Debit FCA000000003 For: 125	
Thank you Seth Neeley	
1-11	····
SON	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
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitions Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
<u> </u>	Driving Record
Requested by:	UCC 1 or 3 File
Name Date 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:			
Wilton Manors Dive Shop, LLC			
(Must contain the words "Lim	ited Liability Con	npany, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The mailing address and street address of the principal control of the pri	pal office of the L	limited Liability Company is:	
Principal Office Address:		Mailing Address:	
2031-B Wilton Drive Wilton Manors, FL 33305		St. Charles, Missouri 63303	
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regis	own Registered A		
Jeffrey R. Eisen			
	Name		
5561 N. Univers	sity Drive Suite 10	03	
Florida street ad	dress (P.O. Box 2	NOT acceptable)	
Coral Springs	FL	33067	
Cîty	State	Zip	
laving been named as registered agent and to accept blace designated in this certificate, I hereby accept the inther agree to comply with the provisions of all statu im familiar with and accept the obligations of my posi	appointment as re tes relating to the j tion as registered	egistered agent and agree to act in this capacity. Proper and complete performance of my duties, as ligent as provided for in Chapter 605, F.S Signiture (REQUIRED)	

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Houssein Aleidan
document's effective date on the Depart	s not meet the applicable statutory filing requirements, this date will not be listed timent of State's records.
TCLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature o	f a member or an authorized representative of a member.
This document is	executed in accordance with section 605,0203 (1) (b), Florida Statutes.
	y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
Jeffrey R. I	Eisensmith
	Eisensmith Typed or printed name of signee
	Filing Fccs:
\$125.00 Filing Fee for Articles	of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)