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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FLORIDA RESEARCH & FILING SERVICES, INC.
Account Number : I20030000083
Phone : (850) 656-6446
Fax Number : (850) 942-6446

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
USA SCUBA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	or 3
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR -1 PM 1:21

APPROVED
AND
FILED

DIVISION OF CORPORATIONS

11 MAR -3 PM 4:18

RECEIVED

* RESUBMITTING
w/CORRECTIONS
PLEASE RETAIN
ORIGINALS

H61

44



March 2, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations
FLORIDA RESEARCH & FILING SERVICES

SUBJECT: USA SCUBA, INC.
REF: W11000012019

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.

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Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000054693
Letter Number: 811A00005186

Mar 03 11 02:17p

FLORIDA RESEARCH AND FILM

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APPROVED
AND
FILED p.3

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

11 MAR -1 PM 1:21

ARTICLE I NAME USA SCUBA, INC.
The name of the corporation shall be:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address
2225 W. HWY 98
MARY ESTHER, FL 32569

Mailing address, if different is:
225 W. HWY 98
MARY ESTHER, FL 32569

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
SCUBA DIVING INSTRUCTION, RETAIL SALES, EQUIPMENT, REPAIR AND SERVICE

ARTICLE IV SHARES
The number of shares of stock is: 5000 SHARES WITHOUT PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AMY DENNEEF, DIR/SEC/TRES	Name and Title: _____
Address: 2225 W. HWY 98	Address: _____
MARY ESTHER, FL 32569	_____

Name and Title: STEVEN DENNEEF, DIR/PRES	Name and Title: _____
Address: 2225 W. HWY 98	Address: _____
MARY ESTHER, FL 32569	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NRAI SERVICES, INC.
Address: 515 EAST PARK AVENUE
MARY ESTHER, FL 32569

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AMY DENNEEF, DIRECTOR/SEC.
Address: 2225 W. HWY 98
MARY ESTHER, FL 32569

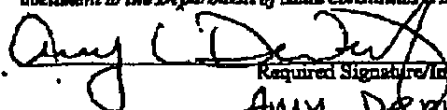
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
NRAI Services, Inc.


Required Signature/Registered Agent TONY SMITH/ASST. SEC.

02/28/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.317.153, F.S.


Required Signature/Incorporator
Amy Denneef, Pres.

02/28/2011

Date