

PI 3000055886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

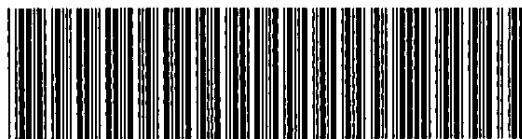
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/28/13--01006--013 **70.00

13 JUN 28 PM 3:43

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

PS 7/1/13

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: SCUBA VENTURES MANAGEMENT INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Peter Friedman
Name (Printed or typed)

3317 SE FEDERAL HIGHWAY
Address

STUART FL 34997
City, State & Zip

321-228-0835
Daytime Telephone number

Peter @ STUARTSCUBA.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAME

The name of the corporation shall be: SCUBA VENTURES MANAGEMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3317 SE FEDERAL Highway SAME
STUART FL 34557

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WORK WITH DIVE CHARTER
OPERATIONS & OTHER LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PETER FRIEDMAN ^{pres/treas}

Name and Title: Christy Campbell ^{VP/Sec}

Address 3317 SE FEDERAL Hwy
STUART FL 34557

Address: 3317 SE. FEDERAL Hwy
STUART FL 34557.

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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(cont.)

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: Peter FRIEDMAN
Address: 3317 SE FEDERAL Hwy
STUART FL 34987

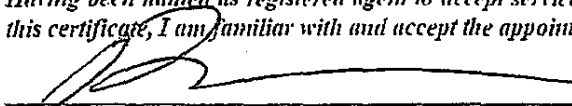
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Peter FRIEDMAN
Address: 3317 SE FEDERAL Hwy
STUART FL 34987

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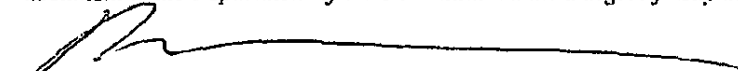
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature/Registered Agent

6-17-13
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.817.155, F.S.



Required Signature/Incorporator

6-13-13
Date