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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: COronado Fish Dive, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joel Palge Name of Person
Coronado Fish N Dive LLC
Firm/Company
827 E. 12th Ave
Address
New Smyrna Beach FL 32/69
New Smyrna Beach FL 32/69 City/State and Zip Code Couch Key 83 @ Yahoo. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joel Paige at (386) 7/0 - 9/79 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □\$130,00 Filing Fee Certified Copy (additional copy is enclosed)
Mailing Address Street Address

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

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Coronado Fish (Must contain the words "Limited Liability Company	N Dive, L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limite	
Principal Office Address: 827 E. 12th Ave New Smyrna Beach FC, 32169	Mailing Address: 135 Sea St New Smyrna Beath Floy 1da 32168
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Lee e O Name	unby

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..

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
WOR - Walkinger	
12.4	
1106	Juel Vario
	827 C-12th Ma
	Alex Swyrma Br. 6
MNG	Andrew Our by 32
MNG	Andrew Owney
	- 135 Jeil 31
	New Smyrna Brech Fl
	327
	
(Use attachment if necessary)	T 1 1/ 2024
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