

L1200056218

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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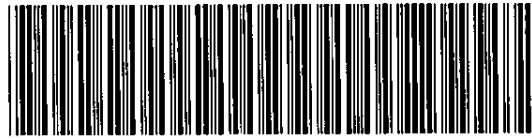
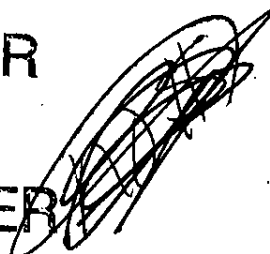
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 23 PM 12:41



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2012

VANESSA VALERA NOLTE
710 MADEIRA AVE.
CORAL GABLES, FL 33134

SUBJECT: DIVA LOGISTICS LLC
Ref. Number: W12000012678

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DIVISION OF CORPORATIONS
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Please note that NO PAYMENT was received with this filing, and that NO PAYMENT has been retained.

Please return with the required \$125.00 filing fee. Please add \$30.00 if a certified copy is needed, and/or \$5.00 if you want a good standing certificate.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 712A00008500

Handwritten initials or scribbles.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Diva Logistics LLC.
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 23 PM 12:41

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vanessa Valera Nolte
Name of Person

Firm/Company

710 Madeira Ave
Address

Coral Gables Fl 33134
City/State and Zip Code

divalogistics@post.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa Valera Nolte at (786) 3955911
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
STATE CLERK OF FLORIDA
12 APR 23 PM 12:41

ARTICLE I - Name:

The name of the Limited Liability Company is:

Diva Logistics LLC.

(Must end with 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:

11375 NW 34th St
Miami FL, 33178

Mailing Address:

11375 NW 34th St
Miami FL, 33178

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 registration.)


The name and the Florida street address of the registered agent are:

Aida Briele
Name

5001 SW 74 Ct # 202
Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33155
City, State, and Zip

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 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Vanessa Valera Nolte

710 Madeira Ave

Coral Gables Fl 33134

MGRM

Diego Valera

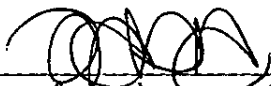
2121 Brickell Ave #1406

Miami, Fl 33129

(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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Vanessa Valera Nolte

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)

\$ 5.00 Certificate of Status (Optional)