

DIVINE WAY, LLC

L00000012995

October 20, 2000

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****130.00 ****130.00

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

Subject: **DIVINE WAY, LLC**

Enclosed is an original and one (1) copy of the articles of Organization and a
Check for \$130.00 (Filing Fee, Designation of Registered Agent & Certificate of Status).

From: Monte Moniz
Divine Way, LLC
15 N. Main St. Suite A.
Brooksville, FL. 34601

Phone: (352) 583-3012

FILED
00 OCT 20 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L00-12995
OK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **DIVINE WAY, LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

15 N. MAIN ST. SUITE A in the city of **BROOKSVILLE**, county of **HERNANDO**, in the State of **FLORIDA**, postal zip **34601**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Monte Moniz

Name

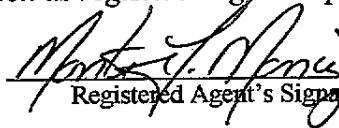
15 N. MAIN ST. SUITE A

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

BROOKSVILLE, FL. 34601

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, PS..


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager managed company

(An additional article must be added if an effective date is requested)

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

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are True)

Monte Moniz

Typed or printed name of signee

FILING FEES:

\$100.00 Filing Fee for **ARTICLES** of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA