Requester's Name 12440 Lake Lide (Address City/State/Zip Phone #	1001747 lirde 711
CORPORATION NAME(S) & DOCUM 1. 00789 - 0023 - 000 (Corporation Name)	Office Use Only IENT NUMBER(S), (if known): WOL - 1599 27 90000355603901/19/0101088-01 (Document #) ****125,00 *****125
Corporation Name (Corporation Name)	(Document #)
4(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certified Copy Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 22, 2001

DONALD BROWN 12440 LAKE RIDGE CIRCLE CLERMONT, FL 34711

SUBJECT: DIVERSITE INVESTMENT CLUB LLC

Ref. Number: W01000001599

We have received your document for DIVERSITE INVESTMENT CLUB LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 401A00003465

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
DIVERSITE! INVESTMENT Club LLC.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 12440 LAKE KIDGIE CIRCLE CIEKMONT. PLOKIDA 34711. ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
DONALD E BROWN
Name Name CIRCLE. Florida street address (P.O. Box NOT acceptable) FL 3471 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
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.
(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.) 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)