

Division of Corporations

Page 1 of 2

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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TALLAHASSEE, FLORIDA

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : GOLD & RESNICK, P.A.

Account Number : I20010000018

Phone : (813) 254-2071

Fax Number : (813) 251-0616

LIMITED LIABILITY COMPANY

Diversified Associates, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
FOR
DIVERSIFIED ASSOCIATES, LLC**

ARTICLE I- NAME

The name of the Limited Liability Company is :

DIVERSIFIED ASSOCIATES, LLC

ARTICLE II- ADDRESS

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

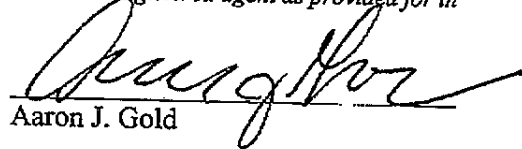
2111 N. Golfview Drive
Plant City, Florida 33567

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S
SIGNATURE**

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

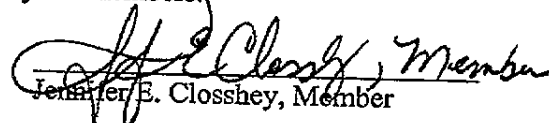
Aaron J. Gold
704 West Bay Street
Tampa, Florida 33606

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 provision as registered agent as provided for in Chapter 608, F.S.


Aaron J. Gold

ARTICLE IV-MANAGEMENT

The Limited Liability Company is to be managed by the members.


Jennifer E. Closshey, 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.)

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED**

That **CLOSSHEY FAMILY LIMITED PARTNERSHIP**, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Certificate of Limited Partnership at the City of Plant City, County of Hillsborough, and State of Florida, has named **CHARLES P. CLOSSHEY**, located at 2111 N. Golfview Drive, Plant City, Florida 33567, as its agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above-stated Limited Partnership at the place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 DEC 2001


CHARLES P. CLOSSHEY
Registered Agent

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