

CORP DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

L02000 004570

CONTACT: CINDY HICKS

DATE: 2-26-02

REF. #: 0409 5164

CORP. NAME: Sonoma Diversified Enterprises LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

STATE FEES PREPAID WITH CHECK# 501659 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

300005021203--1
-02/26/02--01003--025
****155.00 ****155.00

COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

2-26-02

APPROVE
AND
FILED

RECEIVED
FEB 26 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 02 FEB 26 AM 10:41

**ARTICLES OF ORGANIZATION
OF
SONOMA DIVERSIFIED ENTERPRISES LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **SONOMA DIVERSIFIED ENTERPRISES LLC**

ARTICLE II: - Address

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

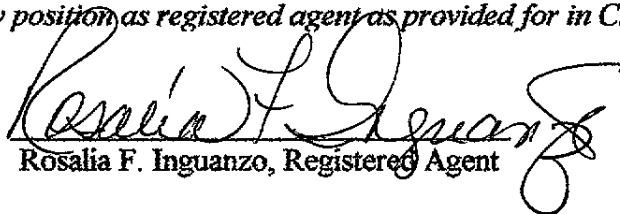
1531 SW 190 Avenue
Pembroke Pines, FL 33029

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

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

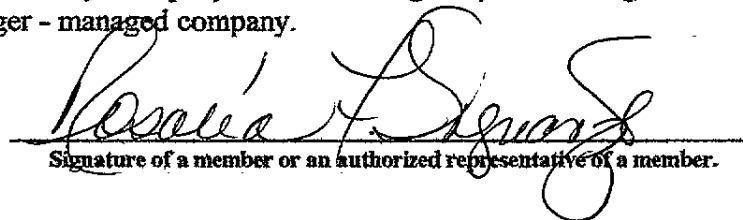
Rosalia F. Inguanzo
1531 SW 190 Avenue
Pembroke Pines, FL 33029

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.


Rosalia F. Inguanzo, Registered Agent

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.


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

02 FEB 26 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROPRIATE
AND
FILED

(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.)

Rosalia F. Inguanzo
Typed or printed name of signer

Dated this 21 day of February, 2002