

L 040000023317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

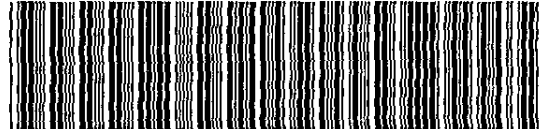
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/16/04--01058--001 \*\*155.00

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
04/15/04 AM 8:48

03/29/04

7 Dorchester Circle  
Palm Beach Gardens, FL 33418  
March 10, 2004

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Per the requests of the Division of Corporations here is the necessary letter containing the *name and address* as listed above and the daytime telephone number is (561) 799 - 9762.

As also listed in the list of requirements, attached to this letter are the Articles of Organization and a check covering the fee of \$155.00, which includes the Filing Fee for Articles of Organization, Designation of Registered Agent, and a Certified Copy.

We appreciate your time in processing this request. Please contact us as soon as you receive this letter.

Sincerely,



Maureen Escobar

Enclosed: Articles of Organization, Check # 105

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR 16 AM 8:48

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Divishi Ltd. Co.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

Maureen Escobar

(Name of Person)

Divishi Ltd. Co.

(Firm/Company)

7 Dorchester Circle

(Address)

Palm Beach Gardens, FL 33418

(City/State and Zip Code)

For further information concerning this matter, please call.

Maureen Escobar

(Name of Person)

561

799-9762

at (

(Area Code & Day-time Telephone Number)

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DIVISION OF CORPORATIONS  
04 MAR 16 AM 8:48

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Divishi Ltd. Co.

**ARTICLE II - Address:**

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

**Principal Office Address:**

Divishi Ltd. Co.

7 Dorchester Circle

Palm Beach Gardens, FL 33418

**Mailing Address:**

Divishi Ltd. Co.

7 Dorchester Circle

Palm Beach Gardens, FL 33418

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

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

Maureen Escobar

Name

7 Dorchester Circle

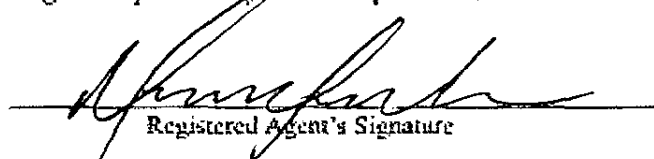
Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens, FLORIDA 33418

City, State, and Zip

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DIVISION OF CORPORATIONS  
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*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, Florida Statutes..*

  
Registered Agent's Signature

**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:**

MGR

Maureen Escobar

7 Dorchester Circle

Palm Beach Gardens, FL 33418

MGR

Raul Zeballos, Jr.

7 Dorchester Circle

Palm Beach Gardens, FL

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**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.)

Maureen Escobar

Typed or printed name of signer

**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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