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(Business Entity Name)

(Document Number)

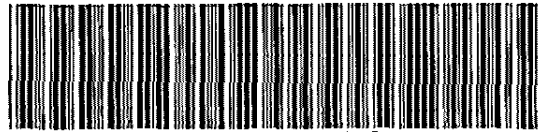
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TALLAHASSEE, FLORIDA

JB  
5-2004

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Diaz & Paul, PLLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tayra Paul  
(Name of Person)

Diaz & Paul, PLLC  
(Firm/Company)

10321 abbotsford Drive  
(Address)

Tampa, FL 33626  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tayra Paul at (813) 852-1226  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 12, 2004

TAYRA PAUL  
DIAZ & PAUL, PLLC  
10321 ABBOLSFORD DR  
TAMPA, FL 33626

SUBJECT: DIAZ & PAUL, PLLC  
Ref. Number: W04000018266

We have received your document for DIAZ & PAUL, PLLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

LLC's are filed in compliance with Chapter 608. Please correct the document.

The specific purpose of the entity must be set forth in the document.

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) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 304A00033120

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

In compliance with Chapter 608, Florida Statutes (PLLC).

**ARTICLE I – NAME**

The name of the Professional Limited Liability Company shall be:

Diaz & Paul, PLLC  
Certified Public Accountants

**ARTICLE II – ADDRESS**

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

10321 Abbottsford Drive  
Tampa, Florida 33626

**ARTICLE III – PURPOSE**

The purpose of this organization is:


Certified Public Accounting Services  
(Accounting and Tax)

**ARTICLE IV – REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE**

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

Tayra An Paul  
10321 Abbottsford Drive  
Tampa, Florida 33626

*Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the place designed 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

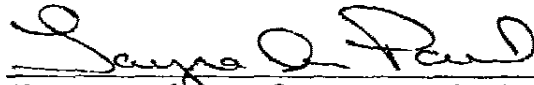
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**ARTICLE V – MANAGING MEMBERS**

The name and address of each Managing Member is as follows:

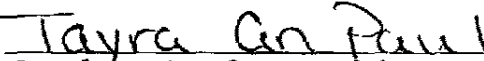
<b><u>Title:</u></b>	<b><u>Name and address:</u></b>
MGRM	Tayra An Paul 10321 Abbotsford Drive Tampa, Florida 33626
MGRM	Shalisa Ann Diaz 3601 West Santiago Street Tampa, Florida 33629

**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.)



Typed or printed name of signor

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TALLAHASSEE, FLORIDA

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