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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Divinity LLC (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:	
David Schutzman (Name of Person)	
Divinity LL( (Firm/Company)	
2404 Hively St. Apt D So 3	_
Sacasota, FL 34231 SE	
For further information concerning this matter, please call:	j
David Schutzman at (941) 377-4277  (Name of Person)  (Area Code & Davime 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	The name of the Limited Liability Company is	:		
	Divinity LLC			
	ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the L	limited Liability	Company is
	Principal Office Address:	Mailing Ad	dress:	
,	2404 Hively St Apt. D	72404	Hively St	O.tat.
	Sarasota, FL 31231	( Sacos	ota, FL 3	4231
W	David Schutzman	Davi	d Egg. 13	man
			AXX AXX DO	Į į
	ARTICLE III - Registered Agent, Registered The name and the Florida street address of the		d Agent's Signs	iture:
	David Schutz		A ID 52	J
	2404 Hively St Florida street address (P.	O. Box NOT acceptable)	_	
	Sacasota City, State,	FLORIDA 34	231	

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

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Manager of The name and address of each Manager of	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	David Schutzman 2404 Hively St. Apt. D Sararota FL 34231
(Use attachment if necessary)	A CORETARY OF THE SECOND
	FISIAL S
(In accordance with section 608.4 of this document constitutes an affithat the facts stated herein are true David Sc.	thorized representative of a member.  08(3), Florida Statutes, the execution firmation under the penalties of perjury

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)