

LO4000084978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FF \$125.00
cc/cus 35.00



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11/17/04--01006--013 **160.00

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RECORDS OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

LO4-84978
R

**LAW OFFICES
MICHAEL LAPAT**

3300 University Drive
Suite #311
Coral Springs, Florida 33065
(888) 263-4774
(954) 344-0288 (fax)

11 South LaSalle Street
Suite # 1500
Chicago, Illinois 60603
(312) 641-3723

Please Reply to Florida Office

November 12, 2004

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

RE: Diversified Investment Group, LLC \$160.00


Dear Sir or Madam:

Enclosed herein please find an Articles of Organization for the above referenced LLC.

Also enclosed is one check in the amount of \$160.00 representing the filing and certified copy fees for these formations. Please return file-stamped copies to this office in the enclosed envelope which I have provided.

Should you have any questions, please do not hesitate to contact the undersigned at 888-263-4774.

Very truly yours,


Kristine Cobban

kc
enclosure

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REG. DIV. OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diversified Investment Group, 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:

Michael Lapat
(Name of Person)

Law Offices of Michael Lapat
(Firm/Company)

3300 University Drive, Suite 311
(Address)

Coral Springs, Florida 33065
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Kristine Cobban at (954) 345-6442
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

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:

Diversified Investment Group, LLC

ARTICLE II - Address:

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

Principal Office Address:

3300 University Drive, Suite 311
Coral Springs, Florida 33065

Mailing Address:

3300 University Drive, Suite 311
Coral Springs, Florida 33065

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

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

Michael Lapat

Name

3300 University Drive, Suite 311

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

Coral Springs

FL

33065

City, State, and Zip

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.


Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

Steven Michael

3300 University Drive, Suite 311

Coral Springs, Florida 33065

MGR

Michael Lapat

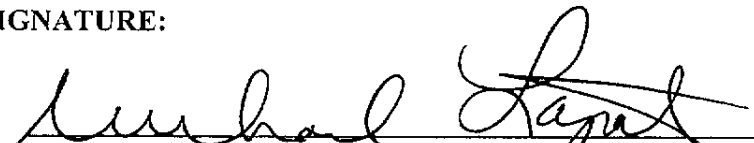
3300 University Drive, Suite 311

Coral Springs, Florida 33065

(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.)

Michael Lapat

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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