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ALL AHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Division of C				
SUBJECT: Diane E	Burns, LLC			
	(Name of Limite	d Liability Company)		
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corre	spondence concerning this matte	er to the following:		
Diane				
	0	Name of Person)		
Diane Burns, LLC				
	(Firm/Company)		
19631 Wo	oodfield Circle			
		(Address)	TA S	2
Noi	th Fort Myers FL 33917		ECKE	
	(City,	/State and Zip Code)	IASS	三 の 「
For further information	on concerning this matter, please	call:	Y OF ST	05 JUN 16 PM 2:
Diane Burns		at (239) 567-1391	RECEIVED IN THE PROPERTY OF TH	0
(Na	ne of Person)	(Area Code & Daytime Te	elephone Number)	
Enclosed is a check	for the following amount:			
5 \$125.00 Filing Fe	e	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Certificate of Stat Certified Copy (additional copy is en	us &
	REET ADDRESS:	MAILING A		

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 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: Diane Burns, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:						
					Principal Office Address:	Mailing Address:
					19631 Woodfield Circle	19631 Woodfield Circle
North Fort Myers FL 33917	North Fort Myers FL 33917					
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the Diane Burns Name 19631 Woodfield Circle	registered agent are: ALCARET					
North Fort Myers FL 33917	FL SON NOT acceptable)					
City, State	, and Zip					
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S					

(CONTINUED)

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Diane Burns
	19631 Woodfield Circle
	North Fort Myers FL 33917
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(Use attachment if necessary)	CAR SE
NICOTORS AND SERVICE OF SERVICE O	the added if an affective data is warmant of 5
NOTE: An additional article musi	t be added if an effective date is requested.
REQUIRED SIGNATURE:	FE ST
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L) and	R
Signature of a memb	er or an authorized representative of a member.
_	
of this document cons	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
that the facts stated	herein are true.)

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)

Diane Burns

Typed or printed name of signee