# LOS QQQQ 63967

(Requestor's Name)  (Address)  (Address)	2005 JUN 22 SECRETARY TALLAHASSE	OF STATE E. TLORIDA	100056		
(City/State/Zip/Phone #)	☐ MAIL		08/22/05	-D1D14D13	**130.00
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of	Status				
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## TRANSMITTAL LETTER

FILED

	· · · — — 42
TO: Registration Section Division of Corporations	2005 JUN 22 戸 2: 36
SUBJECT: Mary E DIAZ LLC (Name of Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mary E DIAZ (Name of Person)	
(Name of Person)	•
MARY & DIAZ LLC	·
(Pittiv Company)	
2317 AINSWORTH Are	
DELTONA FI 32738 (City/State and Zip Code)	
For further information concerning this matter, please call:	
MARY EDIA at (386) 532-9  (Name of Person) (Area Code & Daytime Tele	1899 ephone Number)
, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
Enclosed is a check for the following amount:	•
\$125.00 Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee \$\frac{1}{2}\$\$\$155.00 Filing Fee \$\frac{1}{2}\$\$\$ Certificate of Status \$\$Certified Copy (additional copy is enclosed)	S 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

ARȚICLES OF ORGANIZATION I ARTICLE I - Name:	FILED			
The name of the Limited Liability Con	npany is: 2005 JUN 22 🏳 2: 3	36		
MARYEDIAZ	SECRETARY OF STATE TALLAHASSEE, FLORII	E DA		
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Co	mpany is		
Principal Office Address:	Mailing Address:			
2317 AMENDETH AND	2310 AINGUIDETH AND,			

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

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

Florida street address (P.O. Box <u>NOT</u> acceptable)

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..

(CONTINUED)

Page 1 of 2

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		FILED
MGR	Mary & DIAZ 2317 AMENORTH Are	ZUUD JUN 22 P 2: 3'
MGRM	Deltona Fl 32738 JOSEPH P DIAZ 2317 AINSWORTH Are	SECRETARY OF STATE TALLAHASSEE, FLORID
·	DeltonA FI 3273	
(Use attachment if necessary)		
NOTE: An additional article must b	e added if an effective date is reque	ested.
REQUIRED SIGNATURE:		
Morle of a member	or an authorized representative of a memi	ber.

(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.)

HARY E DIAZ

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)