

105000100976

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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05 OCT 12 PM 1:09

DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

three divas, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

105-100976
TC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THREE DIVAS, LLC

ARTICLE II - Address:

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

Principal Office Address:

815 8TH AVE WEST
PALMETTO FL 34221

Mailing Address:

815 8TH AVE WEST
PALMETTO FL 34221

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

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

RODER POLIVCHAK

Name

4301 32ND ST W STE D3

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

BRIDGTON

FL

34205

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

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>KALLIOP1 AMERES</u> <u>520 RIVERSIDE DRIVE</u> <u>PALMETTO FL 34221</u>
<u>MGRM</u>	<u>MARGARET COMMINOS</u> <u>3612 MONTERO CT</u> <u>RUSKIN FL 33573</u>
<u>MGRM</u>	<u>LAURA FARAONE</u> <u>3604 MONTERO CT</u> <u>RUSKIN FL 33573</u>

(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 608.409(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
KALLIOP1 AMERES
Typed or printed name of signer

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)

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