

W5000106224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L05-106224

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

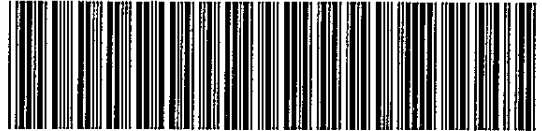
10/31

FL IC

EFFECTIVE DATE
11-1-05

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10/31/05--01014--004 **125.00

FILED
05 OCT 31 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Isabel G Vierk
36419 Birdie Ct
Grand Island, FL 32735
(407)221-6896

October 27, 2005

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am enclosing a check in the amount of \$125.00 for filling fee for Articles of Organization and Designation of Registered Agent.

My name is Isabel G Vierk
36419 Birdie Court
Grand Island, FL 32735
(407) 221-6896

I would like the name of the Limited Liability Company:

Diversity Safety Training LLC

Thank you for your cooperation, and I look forward to receive my documents.

Sincerely,


Isabel G Vierk

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DIVERSITY SAFETY TRAINING LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

36419 Birdie CT
Grand Island, FL
32735

Mailing Address:

P.O. Box 350302
Grand Island, FL
32735-0302

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ISABEL G. VIERK
Name

36419 Birdie Court
Florida street address (P.O. Box NOT acceptable)

Grand Island, FL 32735
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..

Isabel G. Vierk
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

ISABEL G VIERK
36419 BIRDIE COURT
GRAND ISLAND, FL 32731

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/1/05 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Isabel G. Vierk
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.)

ISABEL G. VIERK
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)