

L07000054733

Cohen
PO BOX 94
Seville FL 32190

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~2007-19365~~
2007-23293

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 MAY 22 P 3:07

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2007

STEVEN COHEN
P.O. BOX 94
SEVILLE, FL 32190

SUBJECT: DIVERSIFIED OUTDOOR SVS. LLC
Ref. Number: W07000019365

We have received your document for DIVERSIFIED OUTDOOR SVS. LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different, the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 507A00026910

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TALLAHASSEE, FL
DIVISION OF STATE
CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2007

STEVEN COHEN
P.O. BOX 94
SEVILLE, FL 32190

SUBJECT: DIVERSIFIED OUTDOOR SVS. LLC
Ref. Number: W07000023293

FILED
2007 MAY 22 P 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DIVERSIFIED OUTDOOR SVS. LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Agnes Lunt
Document Specialist

Letter Number: 307A00033849

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

DIVERSIFIED OUTDOOR SVS. LLC

ARTICLE II - Address:

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

Principal Office Address:

750 US Hwy 17

SEVILLE FLORIDA, 32190

Mailing Address:

PO BOX 94

SEVILLE FLORIDA, 32190

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

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

STEVEN D. COHEN

Name

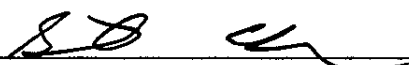
750 US HWY 17

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

SEVILLE, FLORIDA 32190

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, Florida Statutes..


Registered Agent's Signature

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 D. COHEN

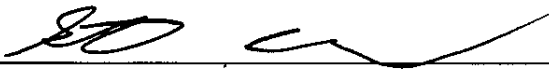
PO BOX 94

SEVILLE FLORIDA, 32190

(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.)

Steven Cohen
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2007 MAY 22 P 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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