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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
	_	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
Opecial instructions to	rining Officer.	

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Co			
SUBJI	_{ECT:} Diaz E	Enterprises and Se	rvices, LLC	
		(Name of Limited	d Liability Company)	
The en	closed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
	Cyril Diaz	<u>.</u>		
			Name of Person)	
	Diaz Ente	erprises and Servi	ices, LLC	
			Firm/Company)	
	5516 Thu	urston Ave		
			(Address)	
	Lake Wo	orth, FL 33463		
		(City	/State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
Cvri	l Diaz		at (407 \ \ 415-01	68
		of Person)	at (407) 415-01 (Area Code & Daytime T	elephone Number)
Enclos	sed is a check fo	or the following amount:		
▼ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Diaz Enterprises and Services, 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	f the principal office of the Limited Liability Com	ipany is:
Principal Office Address:	Mailing Address:	
5516 Thurston Ave	5516 Thurston Ave	
Lake Worth, FL 33463	Lake Worth, FL 33463	
	istered Office, & Registered Agent's Signature on Registered Agent. You must designate an individual or another	FIL _07 MAY 30
(The Limited Liability Company cannot serve as its over business entity with an active Florida registration.) The name and the Florida street address of the company cannot serve as its over business entity with an active Florida registration.)	istered Office, & Registered Agent's Signature on Registered Agent. You must designate an individual or another	FILI _07 May 30
(The Limited Liability Company cannot serve as its over business entity with an active Florida registration.) The name and the Florida street address of the company cannot serve as its over business entity with an active Florida registration.)	istered Office, & Registered Agent's Signature on Registered Agent. You must designate an individual or another	FILI _07 May 30
(The Limited Liability Company cannot serve as its over business entity with an active Florida registration.) The name and the Florida street address of Cyril Diaz 5516 Thurston Av	istered Office, & Registered Agent's Signature on Registered Agent. You must designate an individual or another	FIL _07 MAY 30
(The Limited Liability Company cannot serve as its over business entity with an active Florida registration.) The name and the Florida street address of Cyril Diaz 5516 Thurston Av	istered Office, & Registered Agent's Signature wn Registered Agent. You must designate an individual granother of the registered agent are:	FILI _07 May 30

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Cyril Diaz 5516 Thurston Ave Lake Worth, FL 33463 MGRM Jennifer Diaz 5516 Thurston Ave Lake Worth, FL 33463 (Use attachment if necessary) _. (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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:** Signature of a member of 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

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)

Cyril Diaz

that the facts stated herein are true.)