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SECRETARY OF STATE DIVISION OF CORPORATIONS

J. BRYAN

FEB 2 6 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DARIA CONSULTANTS, LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
STELE R. DARIA (Name of Person)	
(Name of Person)	
DARIA CONSULTANTS (Firm/Company)	
5235 RAMSEY WAY #14 8	<u>بر</u>
	F CRE
FORT MYERS, FL 33907 (City/State and Zip Code)	至
(City/State and Zip Code)	
(City/State and Zip Code)  For further information concerning this matter, please call:	SS AP
Seve R. Dana at (239) 425-5671  (Name of Person) (Area Code & Daytime Telephone Number)	SKO
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
Mailing Address  Registration Section  Division of Corporations  Street/Courier Address  Registration Section  Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

DARIA	est end with the words "Limited Liabi	LLC illy Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Ad The mailing addres		rincipal office of the Limited Liability (	Company is:
Principal Office A	ddress:	Mailing Address:	
5235 RAN FORT MYE	DSEY WAY #14 RS, PL 33907	- Same	
ARTICLE III - Re (The Limited Liability Co business entity with an a	ompany cannot serve as its own Regis	d Office, & Registered Agent's Signal stered Agent. You must designate an individual or ar	nother
The name and the I	Florida street address of the		VISION OF C
The name and the I	Florida street address of the  SIEVE R.  Name	DARIA	08 FEB 25 PM
The name and the I	Florida street address of the  SIEVE R.  Name		VISION OF CORPORATION NB FEB 25 PM 3: 51
The name and the I	Florida street address of the  SIEVE R.  Name	DARIA  GACH BUD F-605  Idress (P.O. Box NOT acceptable)	

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s):

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

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MBR	STEUR R. DARIA  2875 PARM BLANCH BLUD FELTS  FT. MYERS FL 33916
M6RN	JENNIFER L. DAPLA 2875 PANN BENCH BLOD #605 FT. MYSERS FL 33916
	08 FEB 25
<del></del>	PH 3:
(Use attachment if necessary)	
FICLE V: Effective date, if other than the in effective date is listed, the date must be r 90 days after the date of filing.)	
FICLE V: Effective date, if other than the in effective date is listed, the date must be	date of filing: (OPTIONAL)
FICLE V: Effective date, if other than the in effective date is listed, the date must be r 90 days after the date of filing.)  REQUIRED SIGNATURE:	date of filing: (OPTIONAL) e specific and cannot be more than five business days p
FICLE V: Effective date, if other than the in effective date is listed, the date must be r 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with secondary)	date of filing: (OPTIONAL) e specific and cannot be more than five business days properties and authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

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)