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PICK-UP WAIT MAIL						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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SECRETARY OF STATE

FILED

COVER LETTER

TO:	Registration Se Division of Co						
SUBJECT: Roberto Diaz & Associates 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:							
Roberto Diaz							
(Name of Person)							
Roberto Diaz & Associates LLC							
(Firm/Company)							
300 Southwest 99 Terrace							
(Address)							
Pembroke Pines, FL, 33025-1065							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
Roberto Diaz _{st (} 954 438-1672						72	
					le & Daytime T	elephone Number)	
Enclosed is a check for the following amount:							
\$125	.00 Filing Fee	\$130,00 Filing Fee & Certificate of Status	Certified Copy Certifics (additional copy is enclosed) Certifie		\$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				gistrati vision fton B 61 Exc	ourier Addresion Section of Corporation Building ecutive Center see, FL 3230	ons r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Roberto Diaz & Associates 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:

Mailing Address:

300 Southwest 99 Terrace Pembroke Pines, FL, 33025-1065 300 Southwest 99 Terrace Pembroke Pines, FL, 33025-1065

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:

Roberto Diaz

Name

300 Southwest 99 Terrace

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

Pembroke Pines

FL , 33025-1065

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.

(CONTINUED) Page 1 of 2

SECRETARY OF STATE

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Title: "MGR" = Manager Name and Address: "MGRM" = Managing Member MGRM Michelle Marie Diaz 300 Southwest 99 Terrace Pembroke Pines, FL, 33025-1065 **MGRM** Roberto Efrain Diaz 300 Southwest 99 Terrace Pembroke Pines, FL, 33025-1065 (Use attachment if necessary)

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

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

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(OPTIONAL)

(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.)

Oberto Diaz
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation

ARTICLE V: Effective date, if other than the date of filing: June 1, 2008

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2