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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJECT: Diaz Asset Holdings, LLC.						
	(Name of Limited Liability Company)					
The end	closed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
	Nicole E. Florin, Esquire					
	(Name of Person)					
	Florin Law, P.A.					
(Firm/Company)						
717 Ponce de Leon Blvd., Suite 209						
	(Address)					
Coral Gables, Florida 33134						
(City/State and Zip Code)						
For fur	ther information concerning this matter, please call:					
Nicole E. Florin, Esq. 305 445-8988						
	(Name of Person) (Area Code & Daytime Telephone Number)					
Enclos	sed is a check for the following amount:					
\$125.	00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & ✓ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
Diaz Asset Holdings, LLC. (Must end with the words "Limited Liability)	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5975 Sunset Drive 603	5975 Sunset Drive
Miami, Florida 33143	Miami, Florida 33143
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registered address of the registered address.	ered Agent. You must designate an individual or another
Florin Law, P.A.	Blvd., Suite 209
717 Ponce de Leon E Florida street adda Coral Gables, FL 331 City, State, an	ress (P.O. Box NOT acceptable)

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 negistered 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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	•	
MGRM	Vincent J. Diaz	•
	1050 Lugo Avenue	
	Coral Gables, Florida 33156	
,		

ARTICLE V: Effective date, if other than the date of filing: <u>DATE OF FILING</u>. (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:

(Use attachment if necessary)

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.)

Nicole E. Florin, Esq.

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)