

L09000021742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

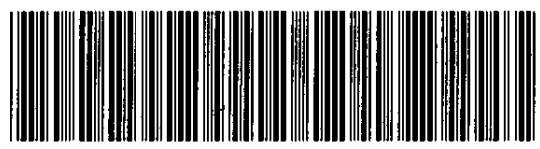
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500143853435

02/23/09--01030--004 **130.00

EFFECTIVE DATE 3/1/09

FILED
09 MAR -5 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAR - 5 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2009

LAURA A. LOIACONO *Coffey*
700 WAVECREST AVE., APT. 103
INDIALANTIC, FL 32903

SUBJECT: DIVERSIFIED MANAGEMENT LLC
Ref. Number: W09000009015

EFFECTIVE DATE _____

FILED
09 MAR - 5 PM 3: 35
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

We have received your document for DIVERSIFIED MANAGEMENT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$130.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 809A00006573

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MLC Diversified LLC,
(Name of Limited Liability Company)

FILED
09 MAR -5 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Loiacono Coffey _____ **EFFECTIVE DATE** _____
(Name of Person)

(Firm/Company)

700 Wavecrest Ave. #103 _____
(Address)

Indialantic Fl. 32903 _____
(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Loiacono Coffey _____ at (**321**) **684-0769** _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 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 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:

MLC Diversified LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

EFFECTIVE DATE 3/1/09

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

700 Wavecrest Ave #103
Indialantic FL. 32903

700 Wavecrest Ave #103
Indialantic FL. 32903

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:

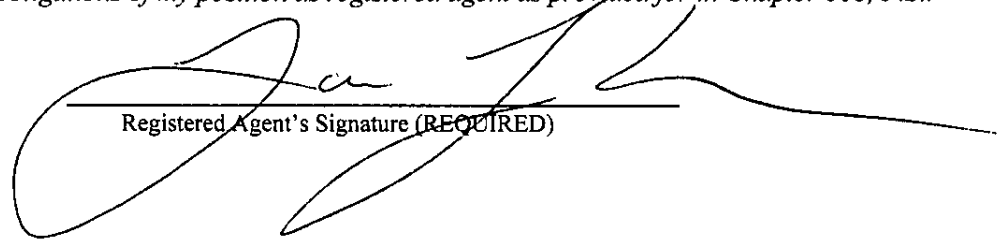
Laura Loiacono Coffey
Name

700 Wavecrest Ave. #103
Florida street address (P.O. Box **NOT** acceptable)

Indialantic FL 32903
City, State, and Zip

FILED
09 MAR - 5 PM 3: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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 _____

Laura Loiacono Coffey

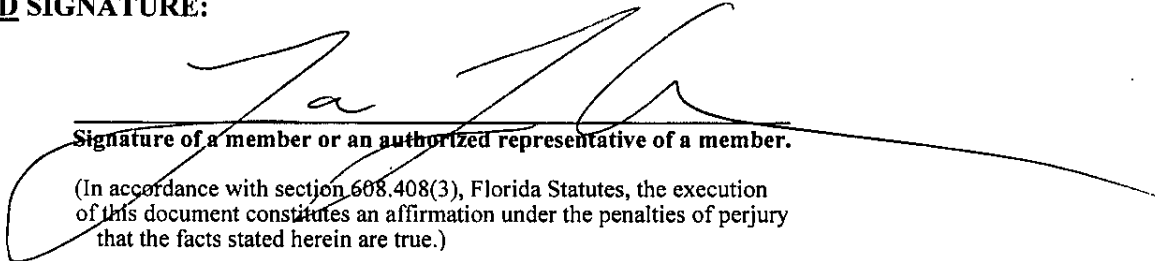
700 Wavecrest Ave. #103

Indialantic, FL. 32903

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/01/09 . (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:



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.)

Laura Loiacono Coffey

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)