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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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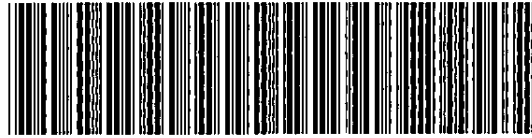
(Business Entity Name)

(Document Number)

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JUN 24 2009

EXAMINER

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\*\*Also Admitted in NY and VA

June 22, 2009

### VIA OVERNIGHT MAIL

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Articles of Organization for  
Diversa Capital Management, LLC

Dear Sir or Madam:

Enclosed please find two copies of the Articles of Organization for the above referenced entity along with a check made payable to the Florida Department of State for \$125.00 covering the filing fee. Once you have filed the enclosed Articles, please return a file-stamped copy to me in the enclosed self-addressed stamped envelope.

If you have any questions, please do not hesitate to contact me.

Very truly yours,



Michael D. Sefton

MDS/ll  
Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Diversa Capital Management, 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:

Michael D. Sefton

Name of Person

Henderson & Lyman

Firm/Company

175 W. Jackson Blvd., Ste. 240

Address

Chicago, Illinois 60604

City/State and Zip Code

 msefton@henderson-lyman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael D. Sefton

Name of Person

at ( 312 ) 986-6960

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:

Diversa Capital Management, LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

428 Plaza Real  
Apt. 332  
Boca Raton, Florida 33432

428 Plaza Real  
Apt. 332  
Boca Raton, Florida 33432

**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:

Nicole Zepcevschi

Name

428 Plaza Real, Apt. 332

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

Boca Raton, FL 33432

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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**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

Nicole Zepcevski

428 Real Plaza, Apt. 332

Boca Raton, Florida 33432

\_\_\_\_\_

\_\_\_\_\_

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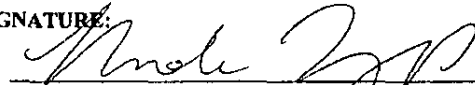
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A (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.)

Nicole Zepcevski

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)

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