L09000072778

(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:
L. SELLERS
JUL 2 9 2009
EXAMINER
100000

Office Use Only

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO:

Registration Section

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Division of C	orporations	
SUBJECT:		DIY Diva's
	Name of Limi	ted Liability Company
The enclosed Articles	of Organization and fee(s) are	submitted for filing.
Please return all corres	pondence concerning this mat	tter to the following:
<u></u>		Kelly Sifrit
		Name of Person
	· · · · · · · · · · · · · · · · · · ·	Firm/Company
	4240	Savannahs Trail
		Address
		tt Island/ FL 32953
		ty/State and Zip Code LSifrit@me.com
<u></u>		for future annual report notification)
For further information	concerning this matter, pleas	e call:
	elly Sifrit	_at (321)474-0356
Namo	e of Person	Area Code & Daytime Telephone Number
Enclosed is a check t	or the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



July 17, 2009

KELLY SIFRIT 4240 SAVANNAHS TRAIL MERRITT ISLAND, FL 32953

SUBJECT: DIY DIVA'S

Ref. Number: W09000032887

We have received your document for DIY DIVA'S and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

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) 245-6967.

Letter Number: 909A00024655

Leslie Sellers Regulatory Specialist II

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ipal office of the Limited Liability Company Mailing Address: 240 Savannahs Trail Merritt Island, Fl. Agent. You must designate an individual or another stered agent are:
Mailing Address: 240 Savannahs Trail Merritt Island, Fl. ffice, & Registered Agent's Signature: Agent. You must designate an individual or another
Merritt Island, Fl. ffice, & Registered Agent's Signature: Agent. You must designate an individual or another
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Agent. You must designate an individual or another
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Zip
ept service of process for the above stated limit
certificate, I hereby accept the appointment as
2

(CONTINUED)

FILED

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SECRETARY OF STATE

ALL ANASSEE FLORIDA

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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing	Member
MGR	Kelly Sifrit
	4240 Savannahs Trail
	Merritt Island FL 32953
MGR	LisaLin Todl
	4260 Savannahs Trail
	Merritt Island FL 32953
 	
	
(Use attachment if nece	ssary)
ARTICLE V: Effective date, if	other than the date of filing: (OPTIONAL)
(If an effective date is listed, th	e date must be specific and cannot be more than five business days prior
to or 90 days after the date of f	ming.)
REQUIRED SIGNAT	URE:
Signat	ure of a member or an authorized representative of a member.
of this	cordance with section 608.408(3), Florida Statutes, the execution s document constitutes an affirmation under the penalties of perjury are facts stated herein are true.)
	Kelly Sifrit
Filing Fees:	Typed or printed name of signee
ring rees.	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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