# L0900114677

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



800163019498

11/30/09--01042--001

\*\*130.00



S. HAWKES

DEC -1 2009

EXAMINER

### **COVER LETTER**

TO:	Registration Division of C					
SUBJE	CT:		Dia	sfa Ll	.C	
Name of Limited Liability Company						
The end	closed Articles	of Organization and fee(s) are	submitt	ted for fi	ling.	
Please	return all corres	spondence concerning this ma	iter to th	e follow	ing:	
•	+			E. Dia	····	
			Name	of Person		
,	······································	All America			Dry Cleani	ng
			Firm/C	Company		
1421 W Main street						
			Ad	dress		
		Lee	esburg	/FI 34	748	
•	·····			nd Zip C		
		samri	ce911	@yah	oo.com	
_		E-mail address: (to be used	for future	annual r	eport notification	on)
For furt	her information	concerning this matter, pleas	e call:			
	<del></del>	/in E. Dias	_ at (	352		243 5396
	Namo	e of Person		Area Co	ode & Daytime	Telephone Number
Enclose	ed is a check f	for the following amount:				
<b>]\$</b> 125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	T Ce	rtified (	ling Fee & Copy opy 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		Registr Division Clifton 2661 E	Courier Addration Section on of Corporate Building Executive Centassee, FL 3236	tions ter Circle

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Compa	ny is:				
Nige	fa LLC				
	d Liability Company," "L.L.C.," or "LLC.")				
ARTICLE II - Address:	the principal office of the Limited Liability Company's:				
the maining address and street address of	the principal office of the Limited Liability Company 18:				
Principal Office Address:	Mailing Address:				
1421 W Main street	4425 Barbados Loop				
Leesburg Fl 34748	Clermont FL 34711				
The name and the Florida street address of	the registered agent are:				
)	Name				
4425 B	arbados Loop				
Florida street address (P.O. Box NOT acceptable)					
Ciermont FL 347	11 <sub>FL</sub>				
City, S	tate, and Zip				
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple	nd to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S				
Registered Agent's 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" = Manage	r	Name and Address:	,			
"MGRM" = Mana			dia 9.			
MGRM		Kevin E. Dias	OS NON 30 PHE:			
	_	4425 Barbados Loop	五 元 元			
		Clermont Fl 34711	15/20			
			Mo 2			
MGRM		Calroy L Dias				
		5332 Millenia blvd apto 4103				
		Orlando Fl 32839				
			<b>&gt;</b>			
<del>- · · · · · · · · · · · · · · · · · · ·</del>	-		<del></del>			
		<u> </u>	<del></del>			
	-					
			<del></del>			
(Use attachment if	necessary)					
•	• /					
			(ÓPTIONAL)			
		pecific and cannot be more than five bu	siness days prior			
or 90 days after the date	e of filing.)					
BEALES STA						
<u>REQUIRED</u> SIG	NATURE:					
	20ins					
ŝ	ignature of a member of	r an authorized representative of a member.				
	_	• •				
		n 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury				
1	that the facts stated herein	are true.)				
	Kevin E. Dias					
	Typed	or printed name of signee				
Filing Fees:	-7}	· · · · · · · · · · · · · · · · · · ·				

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

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