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2009 DEC 16 AM 11: 01
SECRETARY OF STATE

C. LEWIS
DEC 1 7 2009
EXAMINER

COVER LETTER

TO:	Registration Division of C	Section Corporations	
SUBJI	ECT:	Diez	z & Associates LLC
	-	Name of Limit	ited Liability Company
The en	closed Articles	of Organization and fee(s) are	e submitted for filing.
Please	return all corre	spondence concerning this mat	tter to the following:
		Fe	ernando U Diez
			Name of Person
		Diez	& Associates LLC
			Firm/Company
			3400 N.E.
			Address
		Hom	nestead FL 33033
		Cit	ity/State and Zip Code
		fdiez@di	liezandassociates.com for future annual report notification)
For fun	ther information	n concerning this matter, please	•
		ando U Diez	_at (305)968-7725
	Nam	e of Person	Area Code & Daytime Telephone Number
Enclos	ed is a check:	for 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 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 Com	pany is:	
	Associates LLC	
(Must end with the words "Lim	ited Liability Company," "L.L.C.," or "LL	C.")
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:	
3400 NE 3rd Drive	3400 NE 3rd Drive	<u></u>
Homestead FL 33033	Homestead FL 3303	3
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate	an individual or another
	rnando U Diez	700 TAS
	Name	FG T
340	0 NE 3rd Drive	FILE 2009 DEC 16 A SECRETARY OF TALLAHASSEE
	ress (P.O. Box NOT acceptable)	
Homestead	d _{FL} 33033	FIS D
City	y, State, and Zip	OF STATE
Having been named as registered agent liability company at the place design		for the above stated limited

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)

Page 1 of 2

FILED

<u>Title:</u> "MGR" = Ma "MGRM" = N	nager ⁄Ianaging Member	Name and Address:	SECRETARY OF TALLAHASSEE, F
MGR		Fernando U Diez	_
		3400 NE 3rd Drive	
		Homestead FL 33033	
			
Use attachme	nt if necessary)		
LE V: Effectiv	ve date, if other than t	the date of filing:	(OPTIONA
LE V: Effective date is days after the	ve date, if other than t	the date of filing:t be specific and cannot be more	(OPTIONA than five business da
LE V: Effective date is lays after the	ve date, if other than t listed, the date must date of filing.) SIGNATURE:	the date of filing:t be specific and cannot be more	than five business da
LE V: Effective date is lays after the	ve date, if other than to listed, the date must date of filing.) SIGNATURE: Signature of a mean (In accordance with	section 608.408(3), Florida Statutes, the	than five business day
EV: Effective date is lays after the	ve date, if other than to listed, the date must date of filing.) SIGNATURE: Signature of a must of this document contact the facts stated	section 608.408(3), Florida Statutes, the	than five business da