L1000040962

(Requestor's Name)			
(Ad	ldress)		
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(Cit	ty/State/Zip/Phone	<i></i> #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE

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COVER LETTER

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TO: Registration Sec Division of Cor			
	z Ferguson E	interpriseo LLC (DIFERENT L
	Name of Limi	ted Liability Company	
The enclosed Articles of 0	Organization and fee(s) are	submitted for filing.	
Please return all correspon	ndence concerning this ma	tter to the following:	
	Hexis K	DIAZ	
		Name of Person	, , , , , , , , , , , , , , , , , , ,
	Alexis +	R-DÍOT	
	/	Firm/Company	
	11841 Sa	Address Address 33186 ty/State and Zip Code	
,		Address	
m	iami, th	33186	
lin	odiaza4100	ty/State and Zip Code Nahoo · Com	
	E-mail address: (to be used	for future annual report notification)	
For further information co	ncerning this matter, pleas	e call:	
Alexis	Diaz	at 305 798	4172
Name of	Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for	the following amount:	·	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 C. Tallahassee, FL 32301	



April 5, 2010

ALEXIS R. DIAZ 11841 SW 103 LANE MIAMI, FL 33186

SUBJECT: DIAZ FERGUSON ENTERPRISES LLC (DIFERENT LLC0

Ref. Number: W10000011874

We have received your document for DIAZ FERGUSON ENTERPRISES LLC (DIFERENT LLC0 and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You CANNOT have two names in the name of your LLC. It either has to be Diaz Ferguston Enterprises LLC OR Different LLC.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 710A00005838

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
DIFERENT 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:			
118418.W. 103 lone 445 histerhdrive mianni FC 33186 Histerh FC 33010			
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: $\frac{1}{1000} = \frac{1}{1000} =$			
Name 445 his leah Drive Florida street address (P.O. Box NOT acceptable)			
H12/e2h FL 33010			
City, State, and Zip			
Having been named as registered agent and to accept service of process 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

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member General Mark.	Alexis Diaz 11841 SW 103 LM Mani Fi 33186		
Acct. Mer. Treasure Man	18415W 103 Ln minomi FL 33186		
Treasure Mais	Ogmen Diat 11841 SW 103 LM minni FC 33186		
(Use attachment if necessary)			
	tte of filing: (OPTIONAL)		
(If an effective date is listed, the date must be s to or 90 days after the date of filing.)	pecific and cannot be more than five business days prior		
REQUIRED SIGNATURE:	APR 16 AM CRETARY OF AMASSEE, 1		
Alexs 1	7-0/04		
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.)			
Typed	d or printed name of signee		
Filing Fees:			

.....

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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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