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B. BOSTICK

'APR 19 2011

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations			
_{SUBJECT:} Davi	ino Referrals LLC			
	Name of Limi	ited Liability Company		
The enclosed Articles	s of Organization and fee(s) are	e submitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
Gregory	/ S. Piper			
		Name of Person		<u> </u>
GSP Fa	mily LLC			
		Firm/Company		_
2801 N.	Palm Aire Dr #60	1		
		Address		_
Pompano	Beach Fl 33069		11 AI SEON ALL!	**
	Ci	ity/State and Zip Code	APR I	
greg@gsp	ofamily.com	for future annual report notification)	တို့နာ တ	Traces at the same of the same
For further information	on concerning this matter, pleas	•	FE	الله الله الله الله الله الله الله الله
			2: II STATI LORI	
Gregory S. Pip		at (
Nan	ne of Person	Area Code & Daytime Telep	inone 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 of Certified Copy (additional copy is enclose	
	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 Ci Tallahassee, FL 32301	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Divano Referrals LLC			
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited l	Liability C	Company is
Principal Office Address:	Mailing Address:		
2031C Wilton Drive	2031C Wilton Dr		
Wilton Manors, FI 33305	Wilton Manors, FI 33305		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)			
The name and the Florida street address of the re	egistered agent are:		
GSP Family LLC		SE	
Name		Se	
2801 N. Palm Aire	e Dr. #601	(LIAI)	APR TO
Florida street add	ress (P.O. Box NOT acceptable)	S2-	CO
Pompano Beach	_{FL} 33369		R II

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Membe	r ,
Michael I Davins	
Michael J. Davino	2031C Wilton Dr
marm	Wilton Manors, FI 33305
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	Dri s
	an the date of filing: (OPTIONA
LE V: Effective date, if other th	an the date of filing: (OPTIONA nust be specific and cannot be more than five business day
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LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmation	member or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
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ARTICLE IV- Manager(s) or Managing Member(s):