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Effective Date 10/11/11

10/17/11--01012--011 **125.00



J. BRYAN

OCT 18 2011

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
_{SUBJECT:} DeDie:	za International,	LLC	
		d Liability Company	
			3.0 mg
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
Edward T	apanes, Esq.		HOCT 17 PH L. 34
<u>Luwaiu i</u>		Name of Person	29 5
T	9 A ! - 4 D :	۸	
rapanes	& Associates, P./		43.0
		Firm/Company	
2921 Sout	thwest 27th Aveni	ue	
		Address	
Coconut Gr	ove, Florida 33133	}	
<u>occoriat or</u>		/State and Zip Code	
etapanes@t	apaneslaw.com		
	E-mail address: (to be used for	or future annual report notification)	
For further information c	oncerning this matter, please	call:	
Edward Tapanes	. Esa.	at / 305 774-9111	
Name o		at () 174-3111 Area Code & Daytime Tele	phone 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 & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	CICI	E I	- Na	me
		4 I. / I	- 114	1111

The name of the Limited Liability Company is:

DeDieza International, LLC

The name of the Limited Liability Company is:		基	8
DeDieza International, LLC		THE TOTAL	= m
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC	(T)	330
ARTICLE II - Address:			بنج
The mailing address and street address of the pri	incipal office of the Lim	ited Liability Comp	anytis:
Principal Office Address:	Mailing Address:		agrant.
25371 SW 142 Ave	25371 SW 142 Ave		
Miami, FI 33032	Miami, FI 33032		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	tered Agent, You must designate		10/11/17
Tapanes & Associates,	, P.A.		
Name			
2921 Southwest 2	27th Avenue		
Florida street add	ress (P.O. Box NOT acceptal	ble)	

Coconut Grove _{FL} 33133

City, State, and Zip

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 capácity. 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 "MGRM" = Managing Member	ADIEZA CORPORATION 25371 SW 142 Ave Miami, Fl 33032
MGRM	ADIEZA CORPORATION
	25371 SW 142 Ave
	Miami, Fl 33032
MGRM	IMECO, Inc.
	20030 East Oakmont Drive
	Hialeah, Florida 33015
(Use attachment if necessary) LE V: Effective date, if other than the	ne date of filing: 10/11/2011 (OPTIONAL be specific and cannot be more than five business days
days after the date of filing.)	be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
	ber of an authorized representative of a member.
Signature of a mem (In accordance with section 6 constitutes an affirmation und I am aware that any false info	Der of an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)