

# L12000094759

Rita J. Cianfrocco

(Requestor's Name)

5048 Silverlake Dr.

(Address)

drcianfrocco@aol.com

(Address)

Palatka, Fl. 32177

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

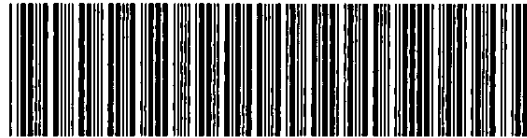
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE  
7/18/12

FILED  
12 JUL 20 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. G. Sullivan JUL 23 2012

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

DIVERSE Business Creations, 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:

5048 Silver Lake Drive  
Palatka, FL  
32177

#### Mailing Address:

2020 Devonshire Ave.  
Cocoa, FL  
32922

### 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:

Rita J. Cianfrocco  
Name

5048 Silver Lake Drive  
Florida street address (P.O. Box **NOT** acceptable)  
Palatka, FL 32177  
City, State, and Zip

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*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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

NANCY DiPasqua  
2020 Devonshire AVE  
Cocoa, FL 32922

MGRM

Michael P. Buono  
540 Eloise AVE  
Titusville, FL 32096

MGRM

Angelo P. Cianfrocco  
6775 Calusa Ave  
Port St. John, FL 32922

mGRM

Rita J. Cianfrocco  
5048 Silver Lake Drive  
Palatka, FL 32177

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 18 Jul 12 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Rita J. Cianfrocco

Typed or printed name of signee

**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)

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12 JUL 20 AM 11:40  
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TALLAHASSEE, FLORIDA