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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Bus	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	-iling Officer:	

Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

C. LEWIS SEP 2 1 2012 EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations
DIERS FOUNDATION L.L.C

SUBJECT:		
Name of Limi	ted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Valor N. Diers		
,	Name of Person	
Diers Foundation L.L.C) .	
	Firm/Company	
1755 Canterbury St.		
	Address	
Jacksonville, FL 32205		
	ity/State and Zip Code	
adiers@msn.com E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, pleas	·	
/al Diers	at (904) 521-80	
Name of Person	Area Code & Daytime Te	lephone 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)	Certificate of Status & Certified Copy (additional copy is enclosed)
N4-21/ 4 3 4	Sancat/Country Address	

Mailing Address

1

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

(Must end with the words '	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addre	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1755 Canterbury St. Jac ksonville, FL	1755 Canterbury St. Jacksonville, FL
32205	32205

Valor N. Diers

Name

1<u>755 Canterbury St.</u>
Florida street address (P.O. Box <u>NOT</u> acceptable)

Jacksonville

FL 32205 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 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 SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

2012 SEP 20 AM 11: 18

anager	Valor N. Diers		
	1755 Canterbury St.		
•	Jacksonville, FL 32205		
			
ı			
		•	
•			
		•	
			
		 -	
(Use attachment if necessary)			
(SSe attachment it necessary)			
TEV. Effective date if other than	the date of filing: 1 Oct 2012	(OPTION A	

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.)

Valor N. Diersy CDR. LISN (Ratghee

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)